

INSTRUCTIONS

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	901	WESTERN GROWERS ASSURANCE TRUST
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	902	UNITED AGRICULTURAL EMPL. WELFARE BENEFIT PLAN & TRUST
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Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **3000** UNIONAMERICA INSURANCE COMPANY LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **3008** UNDERWRITERS AT LLOYD'S LONDON

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **3009** CX REINSURANCE COMPANY LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **3018** TORUS INSURANCE (UK) LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10006** PARTNERRE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10006	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10006	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10007** NEVADA GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$2,822.59
4/15/2014	\$2,822.59
5/15/2014	\$2,822.59
6/15/2014	\$2,822.59
7/15/2014	\$2,822.59
8/15/2014	\$2,822.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,935.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10007	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10007	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,750 vehicles covered during 7/1/2013 to 12/31/2013		\$875.00
Auto Theft Authority Assessment for 1,142 vehicles covered during 1/1/2014 to 6/30/2014		\$571.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10014** AFFILIATED FM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$17,303.10
4/15/2014	\$17,303.10
5/15/2014	\$17,303.10
6/15/2014	\$17,303.10
7/15/2014	\$17,303.10
8/15/2014	\$17,303.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$103,818.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10014	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10014	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10019** CLEARWATER SELECT INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10020** UNITED EDUCATORS INSURANCE, A RECIPROCAL RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,023.03
4/15/2014	\$1,023.03
5/15/2014	\$1,023.03
6/15/2014	\$1,023.03
7/15/2014	\$1,023.03
8/15/2014	\$1,023.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,138.18

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10023	ALLIANCE OF NONPROFITS FOR INSURANCE, RISK RETENTION GR
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10030** WESTCHESTER FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$28,805.84
4/15/2014	\$28,805.84
5/15/2014	\$28,805.84
6/15/2014	\$28,805.84
7/15/2014	\$28,805.84
8/15/2014	\$28,805.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$172,835.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10030	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10030	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10051** LYNDON SOUTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,418.48
4/15/2014	\$1,418.48
5/15/2014	\$1,418.48
6/15/2014	\$1,418.48
7/15/2014	\$1,418.48
8/15/2014	\$1,418.48
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,510.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
HCA15-10051	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10051	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10051	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10052** CHUBB NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10052	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10052	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10054** SECURIAN CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$9,786.42
4/15/2014	\$9,786.42
5/15/2014	\$9,786.42
6/15/2014	\$9,786.42
7/15/2014	\$9,786.42
8/15/2014	\$9,786.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$58,718.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10054	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10069** HOUSING AUTHORITY PROPERTY INSURANCE, A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$930.14
4/15/2014	\$930.14
5/15/2014	\$930.14
6/15/2014	\$930.14
7/15/2014	\$930.14
8/15/2014	\$930.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,580.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10069	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10069	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10071** ENCOMPASS INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$32,159.49
4/15/2014	\$32,159.49
5/15/2014	\$32,159.49
6/15/2014	\$32,159.49
7/15/2014	\$32,159.49
8/15/2014	\$32,159.49
TOTAL INSTALLMENTS PAID IN 2014:	
	\$192,956.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10071	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10071	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 4,000 vehicles covered during 7/1/2013 to 12/31/2013		\$2,000.00
Auto Theft Authority Assessment for 3,150 vehicles covered during 1/1/2014 to 6/30/2014		\$1,575.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10072** ENCOMPASS PROPERTY AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$75,957.01
4/15/2014	\$75,957.01
5/15/2014	\$75,957.01
6/15/2014	\$75,957.01
7/15/2014	\$75,957.01
8/15/2014	\$75,957.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$455,742.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10072	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10072	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 28,330 vehicles covered during 7/1/2013 to 12/31/2013		\$14,165.00
Auto Theft Authority Assessment for 31,299 vehicles covered during 1/1/2014 to 6/30/2014		\$15,649.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10075	CONSUMER SPECIALTIES INS. CO., RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10080	HEALTH PROVIDERS INSURANCE RECIPROCAL, RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10083	NATIONAL CATHOLIC RISK RETENTION GROUP, INC. (THE)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	10084	TITLE INDUSTRY ASSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10103** AMERICAN AGRICULTURAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10103	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10103	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10105** VICTORIA SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,254.45
4/15/2014	\$1,254.45
5/15/2014	\$1,254.45
6/15/2014	\$1,254.45
7/15/2014	\$1,254.45
8/15/2014	\$1,254.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,526.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10105	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 451 vehicles covered during 7/1/2013 to 12/31/2013		\$225.50
Auto Theft Authority Assessment for 401 vehicles covered during 1/1/2014 to 6/30/2014		\$200.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10111** AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$61,116.22
4/15/2014	\$61,116.22
5/15/2014	\$61,116.22
6/15/2014	\$61,116.22
7/15/2014	\$61,116.22
8/15/2014	\$61,116.22
TOTAL INSTALLMENTS PAID IN 2014:	
	\$366,697.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10111	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10111	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-10111	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 4,106 vehicles covered during 7/1/2013 to 12/31/2013		\$2,053.00
Auto Theft Authority Assessment for 4,106 vehicles covered during 1/1/2014 to 6/30/2014		\$2,053.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10113	TERRA INSURANCE COMPANY (A RISK RETENTION GROUP)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10120** EVEREST NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$3,614.26
4/15/2014	\$3,614.26
5/15/2014	\$3,614.26
6/15/2014	\$3,614.26
7/15/2014	\$3,614.26
8/15/2014	\$3,614.26
TOTAL INSTALLMENTS PAID IN 2014:	
	\$21,685.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10120	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10120	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 173 vehicles covered during 7/1/2013 to 12/31/2013		\$86.50
Auto Theft Authority Assessment for 234 vehicles covered during 1/1/2014 to 6/30/2014		\$117.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10125** ELITE TRANSPORTATION RISK RETENTION GROUP, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

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

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10127** ALLIED INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10127	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10127	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10130** SU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10155** WELLCARE PRESCRIPTION INSURANCE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10155	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-10155	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10160** PHOENIX HEALTH PLANS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10164** CPA MUTUAL INS. CO. OF AMERICA RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$390.10
4/15/2014	\$390.10
5/15/2014	\$390.10
6/15/2014	\$390.10
7/15/2014	\$390.10
8/15/2014	\$390.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,340.60

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10166** ACCIDENT FUND INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10166	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10166	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10171	ORDINARY MUTUAL, A RISK RETENTION GROUP CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10177** MOUNTAIN STATES INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10177	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10178** FCCI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10178	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10178	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10200** HISCOX INSURANCE COMPANY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$5,859.63
4/15/2014	\$5,859.63
5/15/2014	\$5,859.63
6/15/2014	\$5,859.63
7/15/2014	\$5,859.63
8/15/2014	\$5,859.63
TOTAL INSTALLMENTS PAID IN 2014:	
	\$35,157.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10200	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10200	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10204** CONSUMERS INSURANCE USA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10204	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10204	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10216** AMERICAN CONTRACTORS INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$4,867.50
4/15/2014	\$4,867.50
5/15/2014	\$4,867.50
6/15/2014	\$4,867.50
7/15/2014	\$4,867.50
8/15/2014	\$4,867.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$29,205.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10216	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10219** QBE REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10219	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10219	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10219	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10220	COMMONWEALTH INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10220	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10222** PACO ASSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$605.69
4/15/2014	\$605.69
5/15/2014	\$605.69
6/15/2014	\$605.69
7/15/2014	\$605.69
8/15/2014	\$605.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,634.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10222	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10222	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10226** UNITRIN DIRECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,709.59
4/15/2014	\$1,709.59
5/15/2014	\$1,709.59
6/15/2014	\$1,709.59
7/15/2014	\$1,709.59
8/15/2014	\$1,709.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,257.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10226	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10226	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 492 vehicles covered during 7/1/2013 to 12/31/2013		\$246.00
Auto Theft Authority Assessment for 403 vehicles covered during 1/1/2014 to 6/30/2014		\$201.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10227** MUNICH REINSURANCE AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
HCA15-10227	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-10227	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10227	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10232** AMERICAN ASSOCIATION OF ORTHODONTISTS INS. CO. (A RRG)

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

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

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10234** NATIONAL SERVICE CONTRACT INSURANCE COMPANY RRG, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$326.27
4/15/2014	\$326.27
5/15/2014	\$326.27
6/15/2014	\$326.27
7/15/2014	\$326.27
8/15/2014	\$326.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,957.62

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10235** AMERICAN SOUTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,859.77
4/15/2014	\$1,859.77
5/15/2014	\$1,859.77
6/15/2014	\$1,859.77
7/15/2014	\$1,859.77
8/15/2014	\$1,859.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,158.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10235	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10235	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 55 vehicles covered during 7/1/2013 to 12/31/2013		\$27.50
Auto Theft Authority Assessment for 80 vehicles covered during 1/1/2014 to 6/30/2014		\$40.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10239** SECURA SUPREME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$21,600.36
4/15/2014	\$21,600.36
5/15/2014	\$21,600.36
6/15/2014	\$21,600.36
7/15/2014	\$21,600.36
8/15/2014	\$21,600.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$129,602.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10239	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10239	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,356 vehicles covered during 7/1/2013 to 12/31/2013		\$1,178.00
Auto Theft Authority Assessment for 2,238 vehicles covered during 1/1/2014 to 6/30/2014		\$1,119.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10241** HANNOVER RUCK SE

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10243** NATIONAL CONTINENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,261.41
4/15/2014	\$1,261.41
5/15/2014	\$1,261.41
6/15/2014	\$1,261.41
7/15/2014	\$1,261.41
8/15/2014	\$1,261.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,568.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10243	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10243	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-10243	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2013 to 12/31/2013		\$6.00
Auto Theft Authority Assessment for 25 vehicles covered during 1/1/2014 to 6/30/2014		\$12.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10245	21ST CENTURY INSURANCE COMPANY OF THE SOUTHWEST
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10245	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10245	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10287** PMI INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10336** FIRST ACCEPTANCE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10336	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10336	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10340** STONINGTON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10340	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10340	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10346** EMPLOYERS PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10346	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10346	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10348** ARCH REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10348	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10348	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10351** FIRST DAKOTA INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10351	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10351	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10353** OOIDA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$2,060.83
4/15/2014	\$2,060.83
5/15/2014	\$2,060.83
6/15/2014	\$2,060.83
7/15/2014	\$2,060.83
8/15/2014	\$2,060.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,364.98

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10357** PLATINUM UNDERWRITERS REINSURANCE, INC.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10367** AVEMCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,858.86
4/15/2014	\$1,858.86
5/15/2014	\$1,858.86
6/15/2014	\$1,858.86
7/15/2014	\$1,858.86
8/15/2014	\$1,858.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,153.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
HCA15-10367	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-10367	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10367	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10386** AMERICAN FAMILY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10391** AMERICAN CENTENNIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10391	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10391	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10391	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10413** USAGENCIES DIRECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10413	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10413	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10464** CANAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$7,374.30
4/15/2014	\$7,374.30
5/15/2014	\$7,374.30
6/15/2014	\$7,374.30
7/15/2014	\$7,374.30
8/15/2014	\$7,374.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$44,245.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10464	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10464	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2013 to 12/31/2013		\$2.00
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2014 to 6/30/2014		\$1.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10472** CAPITOL INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$11,436.22
4/15/2014	\$11,436.22
5/15/2014	\$11,436.22
6/15/2014	\$11,436.22
7/15/2014	\$11,436.22
8/15/2014	\$11,436.22
TOTAL INSTALLMENTS PAID IN 2014:	
	\$68,617.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10472	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-10472	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-10472	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 540 vehicles covered during 7/1/2013 to 12/31/2013		\$270.00
Auto Theft Authority Assessment for 419 vehicles covered during 1/1/2014 to 6/30/2014		\$209.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10476	STICO MUTUAL INSURANCE COMPANY, RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10499** COREPOINTE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,985.83
4/15/2014	\$1,985.83
5/15/2014	\$1,985.83
6/15/2014	\$1,985.83
7/15/2014	\$1,985.83
8/15/2014	\$1,985.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,914.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2013 to 12/31/2013		\$5.00
Auto Theft Authority Assessment for 18 vehicles covered during 1/1/2014 to 6/30/2014		\$9.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10510** CAROLINA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$5,372.82
4/15/2014	\$5,372.82
5/15/2014	\$5,372.82
6/15/2014	\$5,372.82
7/15/2014	\$5,372.82
8/15/2014	\$5,372.82
TOTAL INSTALLMENTS PAID IN 2014:	
	\$32,236.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10510	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10510	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-10510	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 95 vehicles covered during 7/1/2013 to 12/31/2013		\$47.50
Auto Theft Authority Assessment for 68 vehicles covered during 1/1/2014 to 6/30/2014		\$34.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10541** AGRINATIONAL INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10638** PROSELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10638	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10638	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10639** ATTORNEYS' LIABILITY ASSURANCE SOCIETY, INC. A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$18,333.80
4/15/2014	\$18,333.80
5/15/2014	\$18,333.80
6/15/2014	\$18,333.80
7/15/2014	\$18,333.80
8/15/2014	\$18,333.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$110,002.80

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10640** EMPLOYERS INSURANCE COMPANY OF NEVADA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10640	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10640	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10641** ENDURANCE AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$2,558.55
4/15/2014	\$2,558.55
5/15/2014	\$2,558.55
6/15/2014	\$2,558.55
7/15/2014	\$2,558.55
8/15/2014	\$2,558.55
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,351.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10641	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10641	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10642** CHEROKEE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
HCA15-10642	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10642	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10642	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10644** VICTORIA AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$444.66
4/15/2014	\$444.66
5/15/2014	\$444.66
6/15/2014	\$444.66
7/15/2014	\$444.66
8/15/2014	\$444.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,667.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10644	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10644	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 204 vehicles covered during 7/1/2013 to 12/31/2013		\$102.00
Auto Theft Authority Assessment for 166 vehicles covered during 1/1/2014 to 6/30/2014		\$83.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10646	GREAT AMERICAN CONTEMPORARY INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10646	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10646	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10648** GENEVA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$416.69
4/15/2014	\$416.69
5/15/2014	\$416.69
6/15/2014	\$416.69
7/15/2014	\$416.69
8/15/2014	\$416.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,500.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10648	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 199 vehicles covered during 7/1/2013 to 12/31/2013		\$99.50
Auto Theft Authority Assessment for 134 vehicles covered during 1/1/2014 to 6/30/2014		\$67.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10669** CHURCH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10669	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10669	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10671** GRAY CASUALTY & SURETY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$451.45
4/15/2014	\$451.45
5/15/2014	\$451.45
6/15/2014	\$451.45
7/15/2014	\$451.45
8/15/2014	\$451.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,708.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10671	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10671	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	10672	SCOTTSDALE SURPLUS LINES INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10676** FIRST GUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,205.02
4/15/2014	\$1,205.02
5/15/2014	\$1,205.02
6/15/2014	\$1,205.02
7/15/2014	\$1,205.02
8/15/2014	\$1,205.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,230.12

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10677** CINCINNATI INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$116,172.75
4/15/2014	\$116,172.75
5/15/2014	\$116,172.75
6/15/2014	\$116,172.75
7/15/2014	\$116,172.75
8/15/2014	\$116,172.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$697,036.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10677	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10677	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10677	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 4,053 vehicles covered during 7/1/2013 to 12/31/2013		\$2,026.50
Auto Theft Authority Assessment for 4,528 vehicles covered during 1/1/2014 to 6/30/2014		\$2,264.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10682** MGIC CREDIT ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10682	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10690** ALLIED WORLD NATIONAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$12,825.56
4/15/2014	\$12,825.56
5/15/2014	\$12,825.56
6/15/2014	\$12,825.56
7/15/2014	\$12,825.56
8/15/2014	\$12,825.56
TOTAL INSTALLMENTS PAID IN 2014:	
	\$76,953.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10690	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10690	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10693** CIVIL SERVICE EMPLOYEES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$12,187.98
4/15/2014	\$12,187.98
5/15/2014	\$12,187.98
6/15/2014	\$12,187.98
7/15/2014	\$12,187.98
8/15/2014	\$12,187.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$73,127.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10693	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-10693	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-10693	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 3,966 vehicles covered during 7/1/2013 to 12/31/2013		\$1,983.00
Auto Theft Authority Assessment for 4,055 vehicles covered during 1/1/2014 to 6/30/2014		\$2,027.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	10712	UNITED HOME INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10723** NATIONWIDE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10723	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10723	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10724** EASTERN ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10724	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10724	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10730** AMERICAN ACCESS CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$47,719.99
4/15/2014	\$47,719.99
5/15/2014	\$47,719.99
6/15/2014	\$47,719.99
7/15/2014	\$47,719.99
8/15/2014	\$47,719.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$286,319.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10730	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 32,336 vehicles covered during 7/1/2013 to 12/31/2013		\$16,168.00
Auto Theft Authority Assessment for 36,035 vehicles covered during 1/1/2014 to 6/30/2014		\$18,017.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10738** TM SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10744** MARKEL INTERNATIONAL INSURANCE COMPANY LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10749** INTREPID INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10749	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10749	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	10754	SPIRIT MOUNTAIN INSURANCE COMPANY RRG, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10758** COLONIAL SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$592.67
4/15/2014	\$592.67
5/15/2014	\$592.67
6/15/2014	\$592.67
7/15/2014	\$592.67
8/15/2014	\$592.67
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,556.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10758	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10758	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10759** UNIVERSAL NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$5,649.80
4/15/2014	\$5,649.80
5/15/2014	\$5,649.80
6/15/2014	\$5,649.80
7/15/2014	\$5,649.80
8/15/2014	\$5,649.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$33,898.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10759	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10759	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 22 vehicles covered during 7/1/2013 to 12/31/2013		\$11.00
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2014 to 6/30/2014		\$11.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10777** VICTORIA SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$44,344.67
4/15/2014	\$44,344.67
5/15/2014	\$44,344.67
6/15/2014	\$44,344.67
7/15/2014	\$44,344.67
8/15/2014	\$44,344.67
TOTAL INSTALLMENTS PAID IN 2014:	
	\$266,068.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10777	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10777	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 16,196 vehicles covered during 7/1/2013 to 12/31/2013		\$8,098.00
Auto Theft Authority Assessment for 15,778 vehicles covered during 1/1/2014 to 6/30/2014		\$7,889.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10783** CORNERSTONE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$841.97
4/15/2014	\$841.97
5/15/2014	\$841.97
6/15/2014	\$841.97
7/15/2014	\$841.97
8/15/2014	\$841.97
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,051.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10783	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10783	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,060 vehicles covered during 7/1/2013 to 12/31/2013		\$530.00
Auto Theft Authority Assessment for 420 vehicles covered during 1/1/2014 to 6/30/2014		\$210.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10784** MAXUM CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,190.43
4/15/2014	\$1,190.43
5/15/2014	\$1,190.43
6/15/2014	\$1,190.43
7/15/2014	\$1,190.43
8/15/2014	\$1,190.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,142.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10784	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10794** COMPANION COMMERCIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10794	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10794	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10799** GEOVERA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10799	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10800** PREMIER GROUP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10800	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10801** FORTRESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$759.61
4/15/2014	\$759.61
5/15/2014	\$759.61
6/15/2014	\$759.61
7/15/2014	\$759.61
8/15/2014	\$759.61
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,557.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10801	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10801	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10803** COLUMBIA NATIONAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10804** CONTINENTAL WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$6,705.91
4/15/2014	\$6,705.91
5/15/2014	\$6,705.91
6/15/2014	\$6,705.91
7/15/2014	\$6,705.91
8/15/2014	\$6,705.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$40,235.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10804	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10804	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 355 vehicles covered during 7/1/2013 to 12/31/2013		\$177.50
Auto Theft Authority Assessment for 346 vehicles covered during 1/1/2014 to 6/30/2014		\$173.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10807** ACCC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$28,125.51
4/15/2014	\$28,125.51
5/15/2014	\$28,125.51
6/15/2014	\$28,125.51
7/15/2014	\$28,125.51
8/15/2014	\$28,125.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$168,753.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10807	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10807	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10814** GNY CUSTOM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10815** VERLAN FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,319.33
4/15/2014	\$1,319.33
5/15/2014	\$1,319.33
6/15/2014	\$1,319.33
7/15/2014	\$1,319.33
8/15/2014	\$1,319.33
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,915.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10815	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10815	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10829** ALTERRA REINSURANCE USA INC.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

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

FEES

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10836** GOLDEN EAGLE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
HCA15-10836	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-10836	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10836	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10847** CUMIS INSURANCE SOCIETY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$15,312.68
4/15/2014	\$15,312.68
5/15/2014	\$15,312.68
6/15/2014	\$15,312.68
7/15/2014	\$15,312.68
8/15/2014	\$15,312.68
TOTAL INSTALLMENTS PAID IN 2014:	
	\$91,876.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10847	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-10847	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-10847	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 84 vehicles covered during 7/1/2013 to 12/31/2013		\$42.00
Auto Theft Authority Assessment for 57 vehicles covered during 1/1/2014 to 6/30/2014		\$28.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10859** FIRST NONPROFIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$2,610.14
4/15/2014	\$2,610.14
5/15/2014	\$2,610.14
6/15/2014	\$2,610.14
7/15/2014	\$2,610.14
8/15/2014	\$2,610.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,660.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10859	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10859	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 86 vehicles covered during 7/1/2013 to 12/31/2013		\$43.00
Auto Theft Authority Assessment for 169 vehicles covered during 1/1/2014 to 6/30/2014		\$84.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10872** AMERICAN STRATEGIC INSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$21,368.39
4/15/2014	\$21,368.39
5/15/2014	\$21,368.39
6/15/2014	\$21,368.39
7/15/2014	\$21,368.39
8/15/2014	\$21,368.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$128,210.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10872	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10872	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10885** KEY RISK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
HCA15-10885	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10885	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10885	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10887** PACIFIC SELECT PROPERTY INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10891** CEM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10891	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10891	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10895** MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10895	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10900** PREFERRED EMPLOYERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10900	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10900	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10903** AMERICAN EXCESS INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$2,970.00
4/15/2014	\$2,970.00
5/15/2014	\$2,970.00
6/15/2014	\$2,970.00
7/15/2014	\$2,970.00
8/15/2014	\$2,970.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$17,820.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10906** COMMERCIAL ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10906	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10906	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10909** SUN SURETY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$2,343.93
4/15/2014	\$2,343.93
5/15/2014	\$2,343.93
6/15/2014	\$2,343.93
7/15/2014	\$2,343.93
8/15/2014	\$2,343.93
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,063.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10909	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10914** KEMPER INDEPENDENCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$67,692.61
4/15/2014	\$67,692.61
5/15/2014	\$67,692.61
6/15/2014	\$67,692.61
7/15/2014	\$67,692.61
8/15/2014	\$67,692.61
TOTAL INSTALLMENTS PAID IN 2014:	
	\$406,155.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10914	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10914	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 13,396 vehicles covered during 7/1/2013 to 12/31/2013		\$6,698.00
Auto Theft Authority Assessment for 11,427 vehicles covered during 1/1/2014 to 6/30/2014		\$5,713.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10915** UNITRIN DIRECT PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$6,535.53
4/15/2014	\$6,535.53
5/15/2014	\$6,535.53
6/15/2014	\$6,535.53
7/15/2014	\$6,535.53
8/15/2014	\$6,535.53
TOTAL INSTALLMENTS PAID IN 2014:	
	\$39,213.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10915	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-10915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,007 vehicles covered during 7/1/2013 to 12/31/2013		\$1,003.50
Auto Theft Authority Assessment for 1,627 vehicles covered during 1/1/2014 to 6/30/2014		\$813.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10916** SURETEC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,227.70
4/15/2014	\$1,227.70
5/15/2014	\$1,227.70
6/15/2014	\$1,227.70
7/15/2014	\$1,227.70
8/15/2014	\$1,227.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,366.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-10916	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10921** CSAA FIRE & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$108,552.37
4/15/2014	\$108,552.37
5/15/2014	\$108,552.37
6/15/2014	\$108,552.37
7/15/2014	\$108,552.37
8/15/2014	\$108,552.37
TOTAL INSTALLMENTS PAID IN 2014:	
	\$651,314.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10921	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10921	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,690 vehicles covered during 7/1/2013 to 12/31/2013		\$1,845.00
Auto Theft Authority Assessment for 3,452 vehicles covered during 1/1/2014 to 6/30/2014		\$1,726.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10936** SENECA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$5,899.23
4/15/2014	\$5,899.23
5/15/2014	\$5,899.23
6/15/2014	\$5,899.23
7/15/2014	\$5,899.23
8/15/2014	\$5,899.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$35,395.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10936	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10936	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 25 vehicles covered during 7/1/2013 to 12/31/2013		\$12.50
Auto Theft Authority Assessment for 19 vehicles covered during 1/1/2014 to 6/30/2014		\$9.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **10945** TOKIO MARINE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$9,443.07
4/15/2014	\$9,443.07
5/15/2014	\$9,443.07
6/15/2014	\$9,443.07
7/15/2014	\$9,443.07
8/15/2014	\$9,443.07
TOTAL INSTALLMENTS PAID IN 2014:	
	\$56,658.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10945	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10945	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10945	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,964 vehicles covered during 1/1/2014 to 6/30/2014		\$982.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10952** TRANSAMERICA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$21,809.09
4/15/2014	\$21,809.09
5/15/2014	\$21,809.09
6/15/2014	\$21,809.09
7/15/2014	\$21,809.09
8/15/2014	\$21,809.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$130,854.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10952	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-10952	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-10952	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **10957** ALAMANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-10957	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-10957	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11000** SENTINEL INSURANCE COMPANY, LTD.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$66,735.83
4/15/2014	\$66,735.83
5/15/2014	\$66,735.83
6/15/2014	\$66,735.83
7/15/2014	\$66,735.83
8/15/2014	\$66,735.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$400,414.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-11000	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11000	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 5,664 vehicles covered during 7/1/2013 to 12/31/2013		\$2,832.00
Auto Theft Authority Assessment for 5,030 vehicles covered during 1/1/2014 to 6/30/2014		\$2,515.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11030** MEMIC INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-11030	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11030	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11044** NATIONAL GENERAL INSURANCE ONLINE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$21,150.09
4/15/2014	\$21,150.09
5/15/2014	\$21,150.09
6/15/2014	\$21,150.09
7/15/2014	\$21,150.09
8/15/2014	\$21,150.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$126,900.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
FRA15-11044	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 29,376 vehicles covered during 7/1/2013 to 12/31/2013		\$14,688.00
Auto Theft Authority Assessment for 32,566 vehicles covered during 1/1/2014 to 6/30/2014		\$16,283.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11050** AMERISURE PARTNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$4,437.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,437.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-11050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11054** MAIDEN REINSURANCE NORTH AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-11054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11054	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-11054	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11062** PETROLEUM MARKETERS MANAGEMENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$617.45
4/15/2014	\$617.45
5/15/2014	\$617.45
6/15/2014	\$617.45
7/15/2014	\$617.45
8/15/2014	\$617.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,704.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-11062	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11062	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11063	VEHICULAR SERVICE INSURANCE COMPANY, RISK RETENTION GRP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11075** LION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$684.51
4/15/2014	\$684.51
5/15/2014	\$684.51
6/15/2014	\$684.51
7/15/2014	\$684.51
8/15/2014	\$684.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,107.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-11075	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11075	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

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

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11092** GLOBAL LIBERTY INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

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

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

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

FORM E-TAX: INSTALLMENT PAYMENTS

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

Installment Due Date	Installments Paid
3/15/2014	\$1,327.52
4/15/2014	\$1,327.52
5/15/2014	\$1,327.52
6/15/2014	\$1,327.52
7/15/2014	\$1,327.52
8/15/2014	\$1,327.52
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,965.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

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

Assessment #	Description	Amount Paid
MAP15-11092	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11092	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 211 vehicles covered during 7/1/2013 to 12/31/2013		\$105.50
Auto Theft Authority Assessment for 156 vehicles covered during 1/1/2014 to 6/30/2014		\$78.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

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

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11114** ST. CHARLES INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11117	MARATHON FINANCIAL INSURANCE COMPANY, INC. A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11118** FEDERATED RURAL ELECTRIC INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,557.42
4/15/2014	\$4,557.42
5/15/2014	\$4,557.42
6/15/2014	\$4,557.42
7/15/2014	\$4,557.42
8/15/2014	\$4,557.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$27,344.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-11118	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-11118	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11118	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 341 vehicles covered during 7/1/2013 to 12/31/2013		\$170.50
Auto Theft Authority Assessment for 176 vehicles covered during 1/1/2014 to 6/30/2014		\$88.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11121** UNIFIED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,429.75
4/15/2014	\$1,429.75
5/15/2014	\$1,429.75
6/15/2014	\$1,429.75
7/15/2014	\$1,429.75
8/15/2014	\$1,429.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,578.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-11121	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-11121	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11123** SAFETY FIRST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11123	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11123	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11126** SOMPO JAPAN INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,174.51
4/15/2014	\$6,174.51
5/15/2014	\$6,174.51
6/15/2014	\$6,174.51
7/15/2014	\$6,174.51
8/15/2014	\$6,174.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$37,047.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11126	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11126	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,179 vehicles covered during 7/1/2013 to 12/31/2013		\$589.50
Auto Theft Authority Assessment for 2,082 vehicles covered during 1/1/2014 to 6/30/2014		\$1,041.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11127** PROFESSIONAL SOLUTIONS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,286.17
4/15/2014	\$1,286.17
5/15/2014	\$1,286.17
6/15/2014	\$1,286.17
7/15/2014	\$1,286.17
8/15/2014	\$1,286.17
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,717.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11127	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11134** RURAL TRUST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11134	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11134	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-11134	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11145	GOLDEN INSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11150** ARCH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,901.75
4/15/2014	\$4,901.75
5/15/2014	\$4,901.75
6/15/2014	\$4,901.75
7/15/2014	\$4,901.75
8/15/2014	\$4,901.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$29,410.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11150	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-11150	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 3,121 vehicles covered during 7/1/2013 to 12/31/2013		\$1,560.50
Auto Theft Authority Assessment for 1,881 vehicles covered during 1/1/2014 to 6/30/2014		\$940.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11153	TITAN INSURANCE COMPANY, INC., A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11155** PRENEED REINSURANCE COMPANY OF AMERICA

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11163** AVESIS INSURANCE INCORPORATED

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,743.76
4/15/2014	\$8,743.76
5/15/2014	\$8,743.76
6/15/2014	\$8,743.76
7/15/2014	\$8,743.76
8/15/2014	\$8,743.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$52,462.56

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11177** FIRST FINANCIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11177	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11185** FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$168,112.16
4/15/2014	\$168,112.16
5/15/2014	\$168,112.16
6/15/2014	\$168,112.16
7/15/2014	\$168,112.16
8/15/2014	\$168,112.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,008,672.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-11185	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-11185	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11185	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 28,524 vehicles covered during 7/1/2013 to 12/31/2013		\$14,262.00
Auto Theft Authority Assessment for 30,825 vehicles covered during 1/1/2014 to 6/30/2014		\$15,412.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11194** CAPITAL ASSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11197** NATIONAL INDEPENDENT TRUCKERS INS. CO., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

Auto Theft Authority Assessment for 8 vehicles covered during 7/1/2013 to 12/31/2013	\$4.00
Auto Theft Authority Assessment for 8 vehicles covered during 1/1/2014 to 6/30/2014	\$4.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11198** LOYA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11198	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-11198	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-11198	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11206** HOUSING ENTERPRISE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$536.90
4/15/2014	\$536.90
5/15/2014	\$536.90
6/15/2014	\$536.90
7/15/2014	\$536.90
8/15/2014	\$536.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,221.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11206	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11215** SAFECO INSURANCE COMPANY OF INDIANA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11215	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11215	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11226** NEW SUTLIFF WARRANTY COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 4/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MR	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 65:	\$4,500.00
Annual Statement Filing Fee		\$0.00
TOTAL:		\$4,500.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11231** GENERALI (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,850.94
4/15/2014	\$7,850.94
5/15/2014	\$7,850.94
6/15/2014	\$7,850.94
7/15/2014	\$7,850.94
8/15/2014	\$7,850.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$47,105.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11231	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11231	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-11231	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11232** ENUMCLAW PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11242** ALLIED EASTERN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11242	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11255** CATERPILLAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,997.58
4/15/2014	\$12,997.58
5/15/2014	\$12,997.58
6/15/2014	\$12,997.58
7/15/2014	\$12,997.58
8/15/2014	\$12,997.58
TOTAL INSTALLMENTS PAID IN 2014:	
	\$77,985.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11255	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11255	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11258** GEORGIA CASUALTY & SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11267** SECURITY AMERICA RISK RETENTION GROUP,INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11268** ICI MUTUAL INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,517.06
4/15/2014	\$4,517.06
5/15/2014	\$4,517.06
6/15/2014	\$4,517.06
7/15/2014	\$4,517.06
8/15/2014	\$4,517.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$27,102.36

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11347** SFM MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11347	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11347	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11371** GREAT WEST CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$32,946.57
4/15/2014	\$32,946.57
5/15/2014	\$32,946.57
6/15/2014	\$32,946.57
7/15/2014	\$32,946.57
8/15/2014	\$32,946.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$197,679.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11371	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11371	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11445** CGB INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11445	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-11445	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-11445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	11452	HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,421.15
4/15/2014	\$1,421.15
5/15/2014	\$1,421.15
6/15/2014	\$1,421.15
7/15/2014	\$1,421.15
8/15/2014	\$1,421.15
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,526.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11452	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11452	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11499** CENSTAT CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11500	LENDERS PROTECTION ASSURANCE COMPANY RISK RETENTION GRP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11512** EMPLOYERS COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11512	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11512	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11513** PHYSICIANS SPECIALTY LTD. RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,487.66
4/15/2014	\$1,487.66
5/15/2014	\$1,487.66
6/15/2014	\$1,487.66
7/15/2014	\$1,487.66
8/15/2014	\$1,487.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,925.96

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11523** WRIGHT NATIONAL FLOOD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$752.15
4/15/2014	\$752.15
5/15/2014	\$752.15
6/15/2014	\$752.15
7/15/2014	\$752.15
8/15/2014	\$752.15
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,512.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11523	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11534	AMERICAN TRUCKING AND TRANSPORTATION INS. CO., A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11551	ENDURANCE REINSURANCE CORPORATION OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-11551	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-11551	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11551	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11555** PACIFIC COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11555	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11555	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11558** ASSURANCEAMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$23,774.79
4/15/2014	\$23,774.79
5/15/2014	\$23,774.79
6/15/2014	\$23,774.79
7/15/2014	\$23,774.79
8/15/2014	\$23,774.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$142,648.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11558	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11558	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 22,497 vehicles covered during 7/1/2013 to 12/31/2013		\$11,248.50
Auto Theft Authority Assessment for 24,878 vehicles covered during 1/1/2014 to 6/30/2014		\$12,439.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11573** ACCIDENT INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$303.47
4/15/2014	\$303.47
5/15/2014	\$303.47
6/15/2014	\$303.47
7/15/2014	\$303.47
8/15/2014	\$303.47
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,820.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11573	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11573	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11592** INTERNATIONAL FIDELITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,318.66
4/15/2014	\$4,318.66
5/15/2014	\$4,318.66
6/15/2014	\$4,318.66
7/15/2014	\$4,318.66
8/15/2014	\$4,318.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$25,911.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11592	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11595** MERCHANTS NATIONAL BONDING, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11595	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11595	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11598** APPLIED MEDICO-LEGAL SOLUTIONS RRG, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11600** FRANK WINSTON CRUM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11600	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11603** CONTRACTORS INSURANCE CO. OF NORTH AMERICA, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,222.05
4/15/2014	\$1,222.05
5/15/2014	\$1,222.05
6/15/2014	\$1,222.05
7/15/2014	\$1,222.05
8/15/2014	\$1,222.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,332.30

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11630** JEFFERSON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,167.36
4/15/2014	\$20,167.36
5/15/2014	\$20,167.36
6/15/2014	\$20,167.36
7/15/2014	\$20,167.36
8/15/2014	\$20,167.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$121,004.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11630	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-11630	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-11630	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11665** OLD AMERICAN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11665	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11665	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2013 to 12/31/2013		\$3.00
Auto Theft Authority Assessment for 829 vehicles covered during 1/1/2014 to 6/30/2014		\$414.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11671	PROBUILDERS SPECIALTY INSURANCE COMPANY, RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11673** REDWOOD FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,335.35
4/15/2014	\$12,335.35
5/15/2014	\$12,335.35
6/15/2014	\$12,335.35
7/15/2014	\$12,335.35
8/15/2014	\$12,335.35
TOTAL INSTALLMENTS PAID IN 2014:	
	\$74,012.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11673	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-11673	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-11673	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 412 vehicles covered during 7/1/2013 to 12/31/2013		\$206.00
Auto Theft Authority Assessment for 477 vehicles covered during 1/1/2014 to 6/30/2014		\$238.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11680** ASPEN INSURANCE UK LIMITED (U.S. REINSURANCE TRUST)

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES

Certificate of Authority Renewal Fee	Code 58:	\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11681** CSAA AFFINITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11681	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11681	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11702** ECHELON PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,476.00
4/15/2014	\$5,476.00
5/15/2014	\$5,476.00
6/15/2014	\$5,476.00
7/15/2014	\$5,476.00
8/15/2014	\$5,476.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$32,856.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11702	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,107 vehicles covered during 7/1/2013 to 12/31/2013		\$553.50
Auto Theft Authority Assessment for 1,324 vehicles covered during 1/1/2014 to 6/30/2014		\$662.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11710** ALLIED PROFESSIONALS INSURANCE COMPANY, RRG

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11711** ACCESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,704.61
4/15/2014	\$4,704.61
5/15/2014	\$4,704.61
6/15/2014	\$4,704.61
7/15/2014	\$4,704.61
8/15/2014	\$4,704.61
TOTAL INSTALLMENTS PAID IN 2014:	
	\$28,227.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11711	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11711	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,708 vehicles covered during 7/1/2013 to 12/31/2013		\$1,354.00
Auto Theft Authority Assessment for 2,038 vehicles covered during 1/1/2014 to 6/30/2014		\$1,019.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11714** EMERGENCY PHYSICIANS INSURANCE COMPANY RISK RETENTION G

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11738** INFINITY AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,896.39
4/15/2014	\$4,896.39
5/15/2014	\$4,896.39
6/15/2014	\$4,896.39
7/15/2014	\$4,896.39
8/15/2014	\$4,896.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$29,378.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11738	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-11738	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-11738	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,070 vehicles covered during 7/1/2013 to 12/31/2013		\$1,535.00
Auto Theft Authority Assessment for 3,272 vehicles covered during 1/1/2014 to 6/30/2014		\$1,636.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11746** LIBERTY PERSONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11746	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11746	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-11746	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11770** UNITED FINANCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$65,587.93
4/15/2014	\$65,587.93
5/15/2014	\$65,587.93
6/15/2014	\$65,587.93
7/15/2014	\$65,587.93
8/15/2014	\$65,587.93
TOTAL INSTALLMENTS PAID IN 2014:	
	\$393,527.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11770	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11770	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 11,733 vehicles covered during 7/1/2013 to 12/31/2013		\$5,866.50
Auto Theft Authority Assessment for 11,882 vehicles covered during 1/1/2014 to 6/30/2014		\$5,941.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11798** CONTINUING CARE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,024.00
4/15/2014	\$3,024.00
5/15/2014	\$3,024.00
6/15/2014	\$3,024.00
7/15/2014	\$3,024.00
8/15/2014	\$3,024.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,144.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11800** FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$27,817.09
4/15/2014	\$27,817.09
5/15/2014	\$27,817.09
6/15/2014	\$27,817.09
7/15/2014	\$27,817.09
8/15/2014	\$27,817.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$166,902.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11800	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-11800	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-11800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,465 vehicles covered during 7/1/2013 to 12/31/2013		\$732.50
Auto Theft Authority Assessment for 1,590 vehicles covered during 1/1/2014 to 6/30/2014		\$795.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11805** ARIZONA AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,077.78
4/15/2014	\$14,077.78
5/15/2014	\$14,077.78
6/15/2014	\$14,077.78
7/15/2014	\$14,077.78
8/15/2014	\$14,077.78
TOTAL INSTALLMENTS PAID IN 2014:	
	\$84,466.68

Auto Theft Authority Assessment for 16,253 vehicles covered during 7/1/2013 to 12/31/2013	\$8,126.50
Auto Theft Authority Assessment for 25,565 vehicles covered during 1/1/2014 to 6/30/2014	\$12,782.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11811** PROFESSIONAL SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11825** CARE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11832** HEALTH CARE INDUSTRY LIABILITY RECIPROCAL INS CO, RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$653.02
4/15/2014	\$653.02
5/15/2014	\$653.02
6/15/2014	\$653.02
7/15/2014	\$653.02
8/15/2014	\$653.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,918.12

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11835** PARTNERRE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-11835	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-11835	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11835	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11840** FAIRWAY PHYSICIANS INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,769.20
4/15/2014	\$1,769.20
5/15/2014	\$1,769.20
6/15/2014	\$1,769.20
7/15/2014	\$1,769.20
8/15/2014	\$1,769.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,615.20

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11843** MEDICAL PROTECTIVE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$27,277.42
4/15/2014	\$27,277.42
5/15/2014	\$27,277.42
6/15/2014	\$27,277.42
7/15/2014	\$27,277.42
8/15/2014	\$27,277.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$163,664.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11843	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11843	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11851** PROGRESSIVE ADVANCED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$767,831.08
4/15/2014	\$767,831.08
5/15/2014	\$767,831.08
6/15/2014	\$767,831.08
7/15/2014	\$767,831.08
8/15/2014	\$767,831.08
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,606,986.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11851	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11851	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 311,243 vehicles covered during 7/1/2013 to 12/31/2013		\$155,621.50
Auto Theft Authority Assessment for 316,896 vehicles covered during 1/1/2014 to 6/30/2014		\$158,448.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11853** RANCHERS AND FARMERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11853	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11853	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11855** PRIMERO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,817.83
4/15/2014	\$2,817.83
5/15/2014	\$2,817.83
6/15/2014	\$2,817.83
7/15/2014	\$2,817.83
8/15/2014	\$2,817.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,906.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11855	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,459 vehicles covered during 7/1/2013 to 12/31/2013		\$1,229.50
Auto Theft Authority Assessment for 2,613 vehicles covered during 1/1/2014 to 6/30/2014		\$1,306.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11860** COPIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11860	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11908** MERCURY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$56,324.37
4/15/2014	\$56,324.37
5/15/2014	\$56,324.37
6/15/2014	\$56,324.37
7/15/2014	\$56,324.37
8/15/2014	\$56,324.37
TOTAL INSTALLMENTS PAID IN 2014:	
	\$337,946.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-11908	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-11908	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 14,127 vehicles covered during 7/1/2013 to 12/31/2013		\$7,063.50
Auto Theft Authority Assessment for 11,246 vehicles covered during 1/1/2014 to 6/30/2014		\$5,623.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11941** GREEN HILLS INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$360.07
4/15/2014	\$360.07
5/15/2014	\$360.07
6/15/2014	\$360.07
7/15/2014	\$360.07
8/15/2014	\$360.07
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,160.42

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11950	HOME CONSTRUCTION INSURANCE COMPANY, A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11965** ALLEGIANT INSURANCE COMPANY, INC. RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,745.34
4/15/2014	\$3,745.34
5/15/2014	\$3,745.34
6/15/2014	\$3,745.34
7/15/2014	\$3,745.34
8/15/2014	\$3,745.34
TOTAL INSTALLMENTS PAID IN 2014:	
	\$22,472.04

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11967** GENERAL STAR NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11967	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11967	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	11973	PCH MUTUAL INSURANCE COMPANY, INC. A RISK RETENTION GRP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11976** CENTURION MEDICAL LIABILITY PROTECTIVE RRG, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **11991** NATIONAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$23,575.39
4/15/2014	\$23,575.39
5/15/2014	\$23,575.39
6/15/2014	\$23,575.39
7/15/2014	\$23,575.39
8/15/2014	\$23,575.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$141,452.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-11991	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-11991	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-11991	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 12,024 vehicles covered during 7/1/2013 to 12/31/2013		\$6,012.00
Auto Theft Authority Assessment for 13,907 vehicles covered during 1/1/2014 to 6/30/2014		\$6,953.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **11997** CATERPILLAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-11997	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-11997	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	12003	EMERGENCY MEDICINE PROFESSIONAL ASSURANCE CO. A RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	12018	INDEMNITY INSURANCE CORPORATION OF DC, RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12041** MBIA INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12041	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12151** ARCADIAN HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12151	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-12151	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12157** COMPANION PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,747.03
4/15/2014	\$1,747.03
5/15/2014	\$1,747.03
6/15/2014	\$1,747.03
7/15/2014	\$1,747.03
8/15/2014	\$1,747.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,482.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12157	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 68 vehicles covered during 7/1/2013 to 12/31/2013		\$34.00
Auto Theft Authority Assessment for 3 vehicles covered during 1/1/2014 to 6/30/2014		\$1.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12166** ADVANCED PHYSICIANS INSURANCE RISK RETENTION GROUP,INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12171** AMERIGUARD RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	12172	CLAIM PROFESSIONALS LIABILITY INSURANCE COMPANY (A RRG)
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12177** COMPWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12177	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12177	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12180** CALIFORNIA MEDICAL GROUP INSURANCE COMPANY RRG

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12183** ORANGE COUNTY MEDICAL RECIPROCAL INSURANCE CO., A RRG

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31.

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12189** OCEANUS INSURANCE COMPANY, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,172.01
4/15/2014	\$2,172.01
5/15/2014	\$2,172.01
6/15/2014	\$2,172.01
7/15/2014	\$2,172.01
8/15/2014	\$2,172.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$13,032.06

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12190** AMERICAN PET INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,616.53
4/15/2014	\$2,616.53
5/15/2014	\$2,616.53
6/15/2014	\$2,616.53
7/15/2014	\$2,616.53
8/15/2014	\$2,616.53
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,699.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12190	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12200** AMERICAN LIBERTY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12200	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12209** RESTORATION RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$670.66
4/15/2014	\$670.66
5/15/2014	\$670.66
6/15/2014	\$670.66
7/15/2014	\$670.66
8/15/2014	\$670.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,023.96

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12217** CANYON INSURANCE SERVICES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,392.33
4/15/2014	\$3,392.33
5/15/2014	\$3,392.33
6/15/2014	\$3,392.33
7/15/2014	\$3,392.33
8/15/2014	\$3,392.33
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,353.98

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12236** HEALTH CARE CASUALTY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12254** OMAHA INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12254	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12254	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-12254	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12256** UNITED INSURANCE COMPANY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$55,055.42
4/15/2014	\$55,055.42
5/15/2014	\$55,055.42
6/15/2014	\$55,055.42
7/15/2014	\$55,055.42
8/15/2014	\$55,055.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$330,332.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12256	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12256	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 38,639 vehicles covered during 7/1/2013 to 12/31/2013		\$19,319.50
Auto Theft Authority Assessment for 39,970 vehicles covered during 1/1/2014 to 6/30/2014		\$19,985.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12260** CAMPMED CASUALTY & INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12260	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12262** PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,445.46
4/15/2014	\$8,445.46
5/15/2014	\$8,445.46
6/15/2014	\$8,445.46
7/15/2014	\$8,445.46
8/15/2014	\$8,445.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$50,672.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12262	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12262	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 8 vehicles covered during 7/1/2013 to 12/31/2013		\$4.00
Auto Theft Authority Assessment for 31 vehicles covered during 1/1/2014 to 6/30/2014		\$15.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12279** SCAN HEALTH PLAN ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12293** NATIONAL CONTRACTORS INSURANCE COMPANY, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$461.00
4/15/2014	\$460.91
5/15/2014	\$460.91
6/15/2014	\$460.91
7/15/2014	\$460.91
8/15/2014	\$460.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,765.55

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	12294	SOUTHWEST MARINE AND GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12297** PETROLEUM CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12297	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12297	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-12297	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12300** AMERICAN CONTRACTORS INS. CO., RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,771.54
4/15/2014	\$1,771.54
5/15/2014	\$1,771.54
6/15/2014	\$1,771.54
7/15/2014	\$1,771.54
8/15/2014	\$1,771.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,629.24

Auto Theft Authority Assessment for 16 vehicles covered during 7/1/2013 to 12/31/2013	\$8.00
Auto Theft Authority Assessment for 16 vehicles covered during 1/1/2014 to 6/30/2014	\$8.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12304** ACCIDENT FUND GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12304	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12304	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12305** ACCIDENT FUND NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12305	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12305	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12309** ALLIANT NATIONAL TITLE INSURANCE COMPANY, INC.

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12309	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12311** BLOOMINGTON COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12311	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12311	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12319** PHILADELPHIA REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12319	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-12319	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-12319	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12320** INNOVATIVE PHYSICIAN SOLUTIONS, A RISK RETENTION GROUP

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12321** AMERICAN CONTINENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,502.46
4/15/2014	\$22,502.46
5/15/2014	\$22,502.46
6/15/2014	\$22,502.46
7/15/2014	\$22,502.46
8/15/2014	\$22,502.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$135,014.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-12321	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-12321	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12324** MAPFRE RE, COMPANIA DE REASEGUROS, S.A.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12338** SEQUOIA INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12338	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12338	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12373** CARING COMMUNITIES, A RECIPROCAL RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,317.19
4/15/2014	\$2,317.19
5/15/2014	\$2,317.19
6/15/2014	\$2,317.19
7/15/2014	\$2,317.19
8/15/2014	\$2,317.19
TOTAL INSTALLMENTS PAID IN 2014:	
	\$13,903.14

Auto Theft Authority Assessment for 50 vehicles covered during 7/1/2013 to 12/31/2013	\$25.00
Auto Theft Authority Assessment for 50 vehicles covered during 1/1/2014 to 6/30/2014	\$25.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12416** PROTECTIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$449.46
4/15/2014	\$449.46
5/15/2014	\$449.46
6/15/2014	\$449.46
7/15/2014	\$449.46
8/15/2014	\$449.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,696.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-12416	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-12416	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12416	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 29 vehicles covered during 1/1/2014 to 6/30/2014		\$14.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12439** CHARTER REINSURANCE COMPANY, INC.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12491** ROCHDALE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12491	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12491	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-12491	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12497** PREFERRED CONTRACTORS INSURANCE COMPANY, RRG, LLC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,272.14
5/15/2014	\$2,136.07
6/15/2014	\$2,136.07
7/15/2014	\$2,136.07
8/15/2014	\$2,136.07
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,816.42

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12504** AMERIPRISE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-12504	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-12504	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12504	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12508** LITTLE RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12508	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12515** EDUCATORS HEALTH PLANS LIFE, ACCIDENT & HEALTH, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,600.59
4/15/2014	\$7,600.59
5/15/2014	\$7,600.59
6/15/2014	\$7,600.59
7/15/2014	\$7,600.54
8/15/2014	\$7,600.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$45,603.49

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-12515	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-12515	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12521** SAFEWAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$143,272.60
4/15/2014	\$143,272.60
5/15/2014	\$143,272.60
6/15/2014	\$143,272.60
7/15/2014	\$143,272.60
8/15/2014	\$143,272.60
TOTAL INSTALLMENTS PAID IN 2014:	
	\$859,635.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12521	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12521	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 78,171 vehicles covered during 7/1/2013 to 12/31/2013		\$39,085.50
Auto Theft Authority Assessment for 81,691 vehicles covered during 1/1/2014 to 6/30/2014		\$40,845.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12528** WADENA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12528	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12528	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12529** NATIONAL MEDICAL PROFESSIONAL RISK RETENTION GROUP, INC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$518.67
4/15/2014	\$518.67
5/15/2014	\$518.67
6/15/2014	\$518.67
7/15/2014	\$518.67
8/15/2014	\$518.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,112.01

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12533** OPTICARE OF UTAH, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-12533	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-12533	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12536** HOMEOWNERS OF AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12536	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12536	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12548** AMERICAN AGRI-BUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12548	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12575** SILVERSCRIPT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12575	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-12575	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12599** INFINITY STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,391.89
4/15/2014	\$4,391.89
5/15/2014	\$4,391.89
6/15/2014	\$4,391.89
7/15/2014	\$4,391.89
8/15/2014	\$4,391.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$26,351.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12599	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12599	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 5,646 vehicles covered during 7/1/2013 to 12/31/2013		\$2,823.00
Auto Theft Authority Assessment for 4,041 vehicles covered during 1/1/2014 to 6/30/2014		\$2,020.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12613** PREMIER PHYSICIANS INSURANCE COMPANY, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12625** FORT WAYNE MEDICAL SURETY COMPANY,RISK RETENTION GROUP

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12645** STANDARD CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,504.12
4/15/2014	\$5,504.12
5/15/2014	\$5,504.12
6/15/2014	\$5,504.12
7/15/2014	\$5,504.12
8/15/2014	\$5,504.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$33,024.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12645	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12645	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12718** DEVELOPERS SURETY AND INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,849.27
4/15/2014	\$3,849.27
5/15/2014	\$3,849.27
6/15/2014	\$3,849.27
7/15/2014	\$3,849.27
8/15/2014	\$3,849.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,095.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12718	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12718	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	12741	COPPERPOINT PREMIER INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12747** ENVISION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-12747	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-12747	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12750** EVERGREEN NATIONAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12750	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12750	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12754** MEDICUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,921.14
4/15/2014	\$15,921.14
5/15/2014	\$15,921.14
6/15/2014	\$15,921.14
7/15/2014	\$15,921.14
8/15/2014	\$15,921.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$95,526.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12754	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12754	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12777** CHUBB INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12777	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12777	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12815** FINANCIAL GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12815	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12831** STATE NATIONAL INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$53,255.47
4/15/2014	\$53,255.47
5/15/2014	\$53,255.47
6/15/2014	\$53,255.47
7/15/2014	\$53,255.47
8/15/2014	\$53,255.47
TOTAL INSTALLMENTS PAID IN 2014:	
	\$319,532.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-12831	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-12831	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12831	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 87 vehicles covered during 7/1/2013 to 12/31/2013		\$43.50
Auto Theft Authority Assessment for 17 vehicles covered during 1/1/2014 to 6/30/2014		\$8.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12866** T.H.E. INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,797.14
4/15/2014	\$3,797.14
5/15/2014	\$3,797.14
6/15/2014	\$3,797.14
7/15/2014	\$3,797.14
8/15/2014	\$3,797.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$22,782.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12866	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12866	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2013 to 12/31/2013		\$2.00
Auto Theft Authority Assessment for 17 vehicles covered during 1/1/2014 to 6/30/2014		\$8.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12870** SENTRUIITY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12870	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12870	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12873** PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,100.62
4/15/2014	\$4,100.62
5/15/2014	\$4,100.62
6/15/2014	\$4,100.62
7/15/2014	\$4,100.62
8/15/2014	\$4,100.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,603.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 326 vehicles covered during 7/1/2013 to 12/31/2013		\$163.00
Auto Theft Authority Assessment for 328 vehicles covered during 1/1/2014 to 6/30/2014		\$164.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12879** PROGRESSIVE COMMERCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-12879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-12879	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12890** EAGLE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,007.06
4/15/2014	\$15,007.06
5/15/2014	\$15,007.06
6/15/2014	\$15,007.06
7/15/2014	\$15,007.06
8/15/2014	\$15,007.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$90,042.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12890	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12890	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 358 vehicles covered during 7/1/2013 to 12/31/2013		\$179.00
Auto Theft Authority Assessment for 387 vehicles covered during 1/1/2014 to 6/30/2014		\$193.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12902** HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12902	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-12902	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12910** AMERICA'S 1ST CHOICE HEALTH PLANS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-12910	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-12910	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	12915	URGENT CARE ASSURANCE COMPANY RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12934** ACADEMIC MEDICAL PROFESSIONALS INSURANCE RRG, LLC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12936** HOUSTON SPECIALTY INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12963** 21ST CENTURY INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **12964** WELLCARE OF TEXAS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12964	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-12964	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12966** KEY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,881.05
4/15/2014	\$16,881.05
5/15/2014	\$16,881.05
6/15/2014	\$16,881.05
7/15/2014	\$16,881.05
8/15/2014	\$16,881.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$101,286.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-12966	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-12966	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 16,011 vehicles covered during 7/1/2013 to 12/31/2013		\$8,005.50
Auto Theft Authority Assessment for 12,059 vehicles covered during 1/1/2014 to 6/30/2014		\$6,029.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	12988	SCRUBS MUTUAL ASSURANCE COMPANY, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **12995** PHP RISK RETENTION GROUP, LIMITED

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. **DUE DATE: 3/31/2015**

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13010** BONDED BUILDERS INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13014** LANCET INDEMNITY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13018** DOCTOR'S & SURGEONS NATIONAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$596.91
4/15/2014	\$596.91
5/15/2014	\$596.91
6/15/2014	\$596.91
7/15/2014	\$596.91
8/15/2014	\$596.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,581.46

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13019** EASTERN ADVANTAGE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13019	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-13019	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13021** UNITED FIRE & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$17,425.94
4/15/2014	\$17,425.94
5/15/2014	\$17,425.94
6/15/2014	\$17,425.94
7/15/2014	\$17,425.94
8/15/2014	\$17,425.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$104,555.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13021	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13021	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,995 vehicles covered during 7/1/2013 to 12/31/2013		\$1,497.50
Auto Theft Authority Assessment for 3,183 vehicles covered during 1/1/2014 to 6/30/2014		\$1,591.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13043** COPPERPOINT GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13056** RLI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$28,162.07
4/15/2014	\$28,162.07
5/15/2014	\$28,162.07
6/15/2014	\$28,162.07
7/15/2014	\$28,162.07
8/15/2014	\$28,162.65
TOTAL INSTALLMENTS PAID IN 2014:	
	\$168,973.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-13056	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-13056	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13056	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 506 vehicles covered during 7/1/2013 to 12/31/2013		\$253.00
Auto Theft Authority Assessment for 690 vehicles covered during 1/1/2014 to 6/30/2014		\$345.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13064** UNITED NATIONAL INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13067** PROFESSIONALS RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,813.74
4/15/2014	\$10,813.74
5/15/2014	\$10,813.74
6/15/2014	\$10,813.74
7/15/2014	\$10,813.74
8/15/2014	\$10,813.74
TOTAL INSTALLMENTS PAID IN 2014:	
	\$64,882.44

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	13070	BERKSHIRE HATHAWAY ASSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13070	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13100** OMAHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-13100	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-13100	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13126** MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13126	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-13126	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13137** VIKING INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,141.21
4/15/2014	\$4,141.21
5/15/2014	\$4,141.21
6/15/2014	\$4,141.21
7/15/2014	\$4,141.21
8/15/2014	\$4,141.21
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,847.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13137	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,503 vehicles covered during 7/1/2013 to 12/31/2013		\$1,251.50
Auto Theft Authority Assessment for 2,169 vehicles covered during 1/1/2014 to 6/30/2014		\$1,084.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13161** COMMERCE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,506.14
4/15/2014	\$16,506.14
5/15/2014	\$16,506.14
6/15/2014	\$16,506.14
7/15/2014	\$16,506.14
8/15/2014	\$16,506.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$99,036.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13161	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13161	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 6,023 vehicles covered during 7/1/2013 to 12/31/2013		\$3,011.50
Auto Theft Authority Assessment for 3,774 vehicles covered during 1/1/2014 to 6/30/2014		\$1,887.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13177** ARCOA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$577.30
4/15/2014	\$577.30
5/15/2014	\$577.30
6/15/2014	\$577.30
7/15/2014	\$577.30
8/15/2014	\$577.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,463.80

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13183** EAGLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-13183	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-13183	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13188** WESTERN SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$17,628.21
4/15/2014	\$17,628.21
5/15/2014	\$17,628.21
6/15/2014	\$17,628.21
7/15/2014	\$17,628.21
8/15/2014	\$17,628.21
TOTAL INSTALLMENTS PAID IN 2014:	
	\$105,769.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13188	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13188	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13209** COPPERPOINT WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13210** COPPERPOINT CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13234** WILSHIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,395.16
4/15/2014	\$18,395.16
5/15/2014	\$18,395.16
6/15/2014	\$18,395.16
7/15/2014	\$18,395.16
8/15/2014	\$18,395.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$110,370.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-13234	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-13234	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 24 vehicles covered during 7/1/2013 to 12/31/2013		\$12.00
Auto Theft Authority Assessment for 34 vehicles covered during 1/1/2014 to 6/30/2014		\$17.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13242** TITAN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$26,995.12
4/15/2014	\$26,995.12
5/15/2014	\$26,995.12
6/15/2014	\$26,995.12
7/15/2014	\$26,995.12
8/15/2014	\$26,995.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$161,970.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13242	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13242	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 11,292 vehicles covered during 7/1/2013 to 12/31/2013		\$5,646.00
Auto Theft Authority Assessment for 10,763 vehicles covered during 1/1/2014 to 6/30/2014		\$5,381.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13250** WORKMEN'S AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-13250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13269** ZENITH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13269	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-13269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13285** ALLEGHENY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$843.45
4/15/2014	\$843.45
5/15/2014	\$843.45
6/15/2014	\$843.45
7/15/2014	\$843.45
8/15/2014	\$843.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,060.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13285	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13307** LEXON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,310.20
4/15/2014	\$6,310.20
5/15/2014	\$6,310.20
6/15/2014	\$6,310.20
7/15/2014	\$6,310.20
8/15/2014	\$6,310.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$37,861.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13307	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13331** MOTORISTS COMMERCIAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-13331	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-13331	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-13331	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13412** AUSTIN MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,566.95
4/15/2014	\$18,566.95
5/15/2014	\$18,566.95
6/15/2014	\$18,566.95
7/15/2014	\$18,566.95
8/15/2014	\$18,566.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$111,401.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13412	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13412	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,477 vehicles covered during 7/1/2013 to 12/31/2013		\$1,238.50
Auto Theft Authority Assessment for 2,061 vehicles covered during 1/1/2014 to 6/30/2014		\$1,030.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13420** BADGER MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,846.77
4/15/2014	\$22,846.77
5/15/2014	\$22,846.77
6/15/2014	\$22,846.77
7/15/2014	\$22,846.77
8/15/2014	\$22,846.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$137,080.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-13420	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-13420	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13420	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,209 vehicles covered during 7/1/2013 to 12/31/2013		\$1,604.50
Auto Theft Authority Assessment for 3,175 vehicles covered during 1/1/2014 to 6/30/2014		\$1,587.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13528** BROTHERHOOD MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$23,012.45
4/15/2014	\$23,012.45
5/15/2014	\$23,012.45
6/15/2014	\$23,012.45
7/15/2014	\$23,012.45
8/15/2014	\$23,012.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$138,074.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13528	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-13528	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-13528	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,091 vehicles covered during 7/1/2013 to 12/31/2013		\$545.50
Auto Theft Authority Assessment for 1,100 vehicles covered during 1/1/2014 to 6/30/2014		\$550.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13544** CALIFORNIA CAPITAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13544	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13544	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13559** MUNICIPAL ASSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13559	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13562** CAREMORE HEALTH PLAN OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	13580	ARISE BOILER INSPECTION AND INSURANCE COMPANY RRG
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13601** ECOLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13613** COLLEGE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13625** WESTERN MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13625	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13625	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13634** ESSENT GUARANTY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,805.25
4/15/2014	\$16,805.25
5/15/2014	\$16,805.25
6/15/2014	\$16,805.25
7/15/2014	\$16,805.25
8/15/2014	\$16,805.25
TOTAL INSTALLMENTS PAID IN 2014:	
	\$100,831.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13634	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	13677	AFFILIATES INSURANCE RECIPROCAL, A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	13695	NATIONAL MORTGAGE INSURANCE CORPORATION
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13695	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13703** GENERAL AUTOMOBILE INSURANCE COMPANY, INC., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13703	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13703	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13714** PHARMACISTS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,195.28
4/15/2014	\$11,195.28
5/15/2014	\$11,195.28
6/15/2014	\$11,195.28
7/15/2014	\$11,195.28
8/15/2014	\$11,195.28
TOTAL INSTALLMENTS PAID IN 2014:	
	\$67,171.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13714	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-13714	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,379 vehicles covered during 7/1/2013 to 12/31/2013		\$689.50
Auto Theft Authority Assessment for 1,329 vehicles covered during 1/1/2014 to 6/30/2014		\$664.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13720** CROSSFIT RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13722** KNIGHTBROOK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,971.35
4/15/2014	\$13,971.35
5/15/2014	\$13,971.35
6/15/2014	\$13,971.35
7/15/2014	\$13,971.35
8/15/2014	\$13,971.35
TOTAL INSTALLMENTS PAID IN 2014:	
	\$83,828.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13722	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-13722	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-13722	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 54,354 vehicles covered during 7/1/2013 to 12/31/2013		\$27,177.00
Auto Theft Authority Assessment for 43,746 vehicles covered during 1/1/2014 to 6/30/2014		\$21,873.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13730** SELECTIVE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,715.36
4/15/2014	\$1,715.36
5/15/2014	\$1,715.36
6/15/2014	\$1,715.36
7/15/2014	\$1,715.36
8/15/2014	\$1,715.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,292.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13730	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13736** RED ROCK RISK RETENTION GROUP, INC.

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. **DUE DATE: 3/31/2015**

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	13751	COPPERPOINT AMERICAN INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13773** FARM BUREAU PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$179,612.79
4/15/2014	\$179,612.79
5/15/2014	\$179,612.79
6/15/2014	\$179,612.79
7/15/2014	\$179,612.79
8/15/2014	\$179,612.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,077,676.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13773	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13773	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 50,542 vehicles covered during 7/1/2013 to 12/31/2013		\$25,271.00
Auto Theft Authority Assessment for 50,204 vehicles covered during 1/1/2014 to 6/30/2014		\$25,102.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13787** PARTNER REINSURANCE COMPANY LTD.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13791** AVIATION ALLIANCE INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13792** NEW HOME WARRANTY INSURANCE CO., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$713.09
4/15/2014	\$713.09
5/15/2014	\$713.09
6/15/2014	\$713.09
7/15/2014	\$713.09
8/15/2014	\$713.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,278.54

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13838** FARMLAND MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,438.97
4/15/2014	\$4,438.97
5/15/2014	\$4,438.97
6/15/2014	\$4,438.97
7/15/2014	\$4,438.97
8/15/2014	\$4,438.97
TOTAL INSTALLMENTS PAID IN 2014:	
	\$26,633.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-13838	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-13838	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 94 vehicles covered during 7/1/2013 to 12/31/2013		\$47.00
Auto Theft Authority Assessment for 144 vehicles covered during 1/1/2014 to 6/30/2014		\$72.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	13893	COMMUNITY BLOOD CENTERS' EXCHANGE RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13897** FARMERS MUTUAL HAIL INSURANCE COMPANY OF IOWA

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13921** MONTPELIER REINSURANCE LTD.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13928** COPPERPOINT INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	13929	COPPERPOINT NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13930** COMMONWEALTH CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,554.76
4/15/2014	\$18,554.76
5/15/2014	\$18,554.76
6/15/2014	\$18,554.76
7/15/2014	\$18,554.76
8/15/2014	\$18,554.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$111,328.56

Auto Theft Authority Assessment for 13,229 vehicles covered during 7/1/2013 to 12/31/2013	\$6,614.50
Auto Theft Authority Assessment for 26,225 vehicles covered during 1/1/2014 to 6/30/2014	\$13,112.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13935** FEDERATED MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,895.18
4/15/2014	\$16,895.18
5/15/2014	\$16,895.18
6/15/2014	\$16,895.18
7/15/2014	\$16,895.18
8/15/2014	\$16,895.18
TOTAL INSTALLMENTS PAID IN 2014:	
	\$101,371.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13935	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-13935	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-13935	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,018 vehicles covered during 7/1/2013 to 12/31/2013		\$1,009.00
Auto Theft Authority Assessment for 2,145 vehicles covered during 1/1/2014 to 6/30/2014		\$1,072.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13978** FLORISTS' MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$493.57
4/15/2014	\$493.57
5/15/2014	\$493.57
6/15/2014	\$493.57
7/15/2014	\$493.57
8/15/2014	\$493.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,961.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13978	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13978	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 17 vehicles covered during 7/1/2013 to 12/31/2013		\$8.50
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2014 to 6/30/2014		\$10.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **13986** FRANKENMUTH MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-13986	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-13986	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **13995** PHYSICIANS CASUALTY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	14004	UNIV. OF AZ HEALTH PLANS-UNIV. HEALTHCARE, INC., THE
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14010** CRUSADER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14010	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-14010	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-14010	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14026** SUNLAND RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$330.45
4/15/2014	\$330.45
5/15/2014	\$330.41
6/15/2014	\$330.41
7/15/2014	\$330.41
8/15/2014	\$330.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,982.54

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14033** RENAISSANCE REINSURANCE LTD.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14034** DAVINCI REINSURANCE LTD.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	14062	MMIC RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14108** PIA PROFESSIONAL LIABILITY INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14122** WESTERN CATHOLIC INSURANCE COMPANY, RRG INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,930.22
4/15/2014	\$1,930.22
5/15/2014	\$1,930.22
6/15/2014	\$1,930.22
7/15/2014	\$1,930.22
8/15/2014	\$1,930.22
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,581.32

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14133** QUALITAS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14133	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14133	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14135** RPX RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14137** GEICO SECURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14137	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-14137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14138** GEICO ADVANTAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14138	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-14138	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14139** GEICO CHOICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14139	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14184** ACUITY, A MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$104,262.86
4/15/2014	\$104,262.86
5/15/2014	\$104,262.86
6/15/2014	\$104,262.86
7/15/2014	\$104,262.86
8/15/2014	\$104,262.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$625,577.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14184	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-14184	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-14184	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 18,254 vehicles covered during 7/1/2013 to 12/31/2013		\$9,127.00
Auto Theft Authority Assessment for 18,123 vehicles covered during 1/1/2014 to 6/30/2014		\$9,061.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14190** OBI NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14190	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-14190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14206** HOLYOKE MUTUAL INSURANCE COMPANY IN SALEM

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,464.87
4/15/2014	\$9,464.87
5/15/2014	\$9,464.87
6/15/2014	\$9,464.87
7/15/2014	\$9,464.87
8/15/2014	\$9,464.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$56,789.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14206	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-14206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14207** SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	AS	ASSOCIATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,357.15
4/15/2014	\$1,357.15
5/15/2014	\$1,357.15
6/15/2014	\$1,357.15
7/15/2014	\$1,357.15
8/15/2014	\$1,357.15
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,142.90

Auto Theft Authority Assessment for 66 vehicles covered during 7/1/2013 to 12/31/2013	\$33.00
Auto Theft Authority Assessment for 206 vehicles covered during 1/1/2014 to 6/30/2014	\$103.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	14216	COPPERPOINT MUTUAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	14240	FIRST NATIONAL TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14240	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14249** FOUNDERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$676.62
4/15/2014	\$676.62
5/15/2014	\$676.72
6/15/2014	\$676.62
7/15/2014	\$676.62
8/15/2014	\$676.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,059.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14249	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14249	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14257** IMT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14257	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14257	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14260** ORTHOFORUM INSURANCE COMPANY (A RISK RETENTION GROUP)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14265** INDIANA LUMBERMENS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,251.82
4/15/2014	\$1,251.82
5/15/2014	\$1,251.82
6/15/2014	\$1,251.82
7/15/2014	\$1,251.82
8/15/2014	\$1,251.82
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,510.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14265	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14265	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 66 vehicles covered during 7/1/2013 to 12/31/2013		\$33.00
Auto Theft Authority Assessment for 67 vehicles covered during 1/1/2014 to 6/30/2014		\$33.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14347** DOCTORS CO RISK RETENTION GROUP, A REC EXCHANGE (THE)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14354** JEWELERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,812.43
4/15/2014	\$5,812.43
5/15/2014	\$5,812.43
6/15/2014	\$5,812.43
7/15/2014	\$5,812.43
8/15/2014	\$5,812.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$34,874.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14354	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14354	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	14366	NASW RISK RETENTION GROUP, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14375** IRONSHORE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14380** BUILD AMERICA MUTUAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$813.60
4/15/2014	\$378.62
5/15/2014	\$378.62
6/15/2014	\$378.62
7/15/2014	\$378.62
8/15/2014	\$378.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,706.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14380	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14388** CHEROKEE GUARANTEE COMPANY, INC. A RISK RETENTION GROUP

You must download from our web site, save to your computer, complete and submit on a CD or DVD Form E-LRTF with required documentation by March 31. DUE DATE: 3/31/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14395** TERRAFIRMA RISK RETENTION GROUP, LLC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	LC	LIMITED LIABILITY COMPANY

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14406** INDUSTRIAL ALLIANCE INS AND FIN SVS INC. (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$888.15
4/15/2014	\$888.15
5/15/2014	\$888.15
6/15/2014	\$888.15
7/15/2014	\$888.15
8/15/2014	\$888.15
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,328.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-14406	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-14406	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	14425	ASSOCIATION OF CERTIFIED MORTGAGE ORIGINATORS RRG, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14460** PODIATRY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,637.39
4/15/2014	\$4,637.39
5/15/2014	\$4,637.39
6/15/2014	\$4,637.39
7/15/2014	\$4,637.39
8/15/2014	\$4,637.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$27,824.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-14460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14494** MERCHANTS BONDING COMPANY (MUTUAL)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,904.00
4/15/2014	\$11,904.00
5/15/2014	\$11,904.00
6/15/2014	\$11,904.00
7/15/2014	\$11,904.00
8/15/2014	\$11,904.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$71,424.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14494	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-14494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14508** MICHIGAN MILLERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14508	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14559** GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,045.70
4/15/2014	\$2,315.70
5/15/2014	\$2,180.70
6/15/2014	\$2,180.70
7/15/2014	\$2,180.70
8/15/2014	\$2,180.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$13,084.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14559	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14559	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	14641	MAGELLAN COMPLETE CARE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14648** MOUNTAIN STATES MUTUAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14648	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14673** ASPEN BERMUDA LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14676** COMPASS COOPERATIVE HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14689** U.S. LEGAL SERVICES OF TENNESSEE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$956.16
4/15/2014	\$956.16
5/15/2014	\$956.16
6/15/2014	\$956.16
7/15/2014	\$956.16
8/15/2014	\$956.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,736.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-14689	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14702** EASTGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-14702	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-14702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14702	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14704** CENPATICO OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14761** MUTUAL OF ENUMCLAW INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14761	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14761	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 708 vehicles covered during 1/1/2014 to 6/30/2014		\$354.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14788** NGM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$17,464.97
4/15/2014	\$17,464.97
5/15/2014	\$17,464.97
6/15/2014	\$17,464.97
7/15/2014	\$17,464.97
8/15/2014	\$17,464.97
TOTAL INSTALLMENTS PAID IN 2014:	
	\$104,789.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14788	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14788	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14904** MERCY MARICOPA INTEGRATED CARE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14906** COPIC, A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14925** LANCASHIRE INSURANCE COMPANY LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **14927** AXIS SPECIALTY LIMITED

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	**	Business Type	AT	REINSURER TRUST/ARS 20-261.01(A)4
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14974** PENNSYLVANIA LUMBERMENS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,517.11
4/15/2014	\$2,517.11
5/15/2014	\$2,517.11
6/15/2014	\$2,517.11
7/15/2014	\$2,517.11
8/15/2014	\$2,517.11
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,102.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14974	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-14974	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 252 vehicles covered during 7/1/2013 to 12/31/2013		\$126.00
Auto Theft Authority Assessment for 215 vehicles covered during 1/1/2014 to 6/30/2014		\$107.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **14990** PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-14990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-14990	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-14990	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15032** GUIDEONE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,162.75
4/15/2014	\$4,562.65
5/15/2014	\$4,362.70
6/15/2014	\$4,362.70
7/15/2014	\$4,362.70
8/15/2014	\$4,362.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$26,176.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-15032	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-15032	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-15032	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 313 vehicles covered during 7/1/2013 to 12/31/2013		\$156.50
Auto Theft Authority Assessment for 329 vehicles covered during 1/1/2014 to 6/30/2014		\$164.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15059** PUBLIC SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-15059	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-15059	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15081** HEALTH CHOICE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	15092	COMPASS COOPERATIVE MUTUAL HEALTH NETWORK, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms.

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15105** SAFETY NATIONAL CASUALTY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,423.45
4/15/2014	\$11,423.45
5/15/2014	\$11,423.45
6/15/2014	\$11,423.45
7/15/2014	\$11,423.45
8/15/2014	\$11,423.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$68,540.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-15105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-15105	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 415 vehicles covered during 7/1/2013 to 12/31/2013		\$207.50
Auto Theft Authority Assessment for 2,646 vehicles covered during 1/1/2014 to 6/30/2014		\$1,323.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15130** ENCOMPASS INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,359.27
4/15/2014	\$10,359.27
5/15/2014	\$10,359.27
6/15/2014	\$10,359.27
7/15/2014	\$10,359.27
8/15/2014	\$10,359.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$62,155.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-15130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-15130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,300 vehicles covered during 7/1/2013 to 12/31/2013		\$650.00
Auto Theft Authority Assessment for 1,100 vehicles covered during 1/1/2014 to 6/30/2014		\$550.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15204** CONTINENTAL RISK UNDERWRITERS RISK RETENTION GROUP, INC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	15208	ONYX INSURANCE COMPANY, INC., A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	15211	LONE STAR ALLIANCE, INC., A RISK RETENTION GROUP
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15238** COMPREHENSIVE MOBILE INSURANCE ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15377** WESTERN NATIONAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$910.65
4/15/2014	\$910.65
5/15/2014	\$910.65
6/15/2014	\$910.65
7/15/2014	\$910.65
8/15/2014	\$910.65
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,463.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-15377	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-15377	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15385** ONECIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-15385	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-15385	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15447** BRIDGEWAY ADVANTAGE SOLUTIONS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15474** NATIONAL LLOYDS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	LL	LLOYDS ASSOCIATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-15474	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-15474	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15527** MICA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15563** SEABRIGHT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-15563	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-15563	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-15563	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15582** BAY INSURANCE RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	RG	RISK RETENTION GROUP
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15586** PRESERVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,517.84
4/15/2014	\$1,517.84
5/15/2014	\$1,517.84
6/15/2014	\$1,517.84
7/15/2014	\$1,517.84
8/15/2014	\$1,517.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,107.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-15586	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-15586	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 133 vehicles covered during 7/1/2013 to 12/31/2013		\$66.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15590** AMERICAN SHIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15610** AXIS SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-15610	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-15610	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15679** NATIONAL FIRE AND INDEMNITY EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-15679	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-15679	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 20 vehicles covered during 7/1/2013 to 12/31/2013		\$10.00
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2014 to 6/30/2014		\$10.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15865** NCMIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,160.98
4/15/2014	\$5,160.98
5/15/2014	\$5,160.98
6/15/2014	\$5,160.98
7/15/2014	\$5,160.98
8/15/2014	\$5,160.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$30,965.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-15865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-15865	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15873** UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$33,901.36
4/15/2014	\$33,901.36
5/15/2014	\$33,901.36
6/15/2014	\$33,901.36
7/15/2014	\$33,901.36
8/15/2014	\$33,901.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$203,408.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-15873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **15911** AMERICAN MINING INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-15911	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-15911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2013 to 12/31/2013		\$1.00
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2014 to 6/30/2014		\$0.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **15954** AMTRUST INSURANCE COMPANY OF KANSAS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,793.10
4/15/2014	\$1,793.10
5/15/2014	\$1,793.10
6/15/2014	\$1,793.10
7/15/2014	\$1,793.10
8/15/2014	\$1,793.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,758.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-15954	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-15954	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 476 vehicles covered during 7/1/2013 to 12/31/2013		\$238.00
Auto Theft Authority Assessment for 306 vehicles covered during 1/1/2014 to 6/30/2014		\$153.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **16063** UNITRIN AUTO AND HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-16063	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-16063	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **16187** MOSAIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-16187	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-16187	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-16187	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **16217** NATIONAL FARMERS UNION PROPERTY AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$657.90
4/15/2014	\$657.90
5/15/2014	\$657.90
6/15/2014	\$657.90
7/15/2014	\$657.90
8/15/2014	\$657.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,947.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-16217	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-16217	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-16217	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 135 vehicles covered during 7/1/2013 to 12/31/2013		\$67.50
Auto Theft Authority Assessment for 138 vehicles covered during 1/1/2014 to 6/30/2014		\$69.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **16322** PROGRESSIVE DIRECT INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **16535** ZURICH AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$205,489.29
4/15/2014	\$205,489.29
5/15/2014	\$205,489.29
6/15/2014	\$205,489.29
7/15/2014	\$205,489.29
8/15/2014	\$205,489.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,232,935.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-16535	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-16535	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-16535	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 6,335 vehicles covered during 7/1/2013 to 12/31/2013		\$3,167.50
Auto Theft Authority Assessment for 6,937 vehicles covered during 1/1/2014 to 6/30/2014		\$3,468.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **16578** STILLWATER PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-16578	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-16578	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-16578	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **16608** NEW YORK MARINE AND GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,817.36
4/15/2014	\$8,817.36
5/15/2014	\$8,817.36
6/15/2014	\$8,817.36
7/15/2014	\$8,817.36
8/15/2014	\$8,817.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$52,904.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-16608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-16608	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 26 vehicles covered during 7/1/2013 to 12/31/2013		\$13.00
Auto Theft Authority Assessment for 18 vehicles covered during 1/1/2014 to 6/30/2014		\$9.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **16624** DARWIN NATIONAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,872.26
4/15/2014	\$14,872.26
5/15/2014	\$14,872.26
6/15/2014	\$14,872.26
7/15/2014	\$14,872.26
8/15/2014	\$14,872.26
TOTAL INSTALLMENTS PAID IN 2014:	
	\$89,233.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-16624	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-16624	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 194 vehicles covered during 7/1/2013 to 12/31/2013		\$97.00
Auto Theft Authority Assessment for 35 vehicles covered during 1/1/2014 to 6/30/2014		\$17.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	16659	UNITED GUARANTY COMMERCIAL INSURANCE COMPANY OF NC
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-16659	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **16675** GENWORTH MORTGAGE INSURANCE CORPORATION OF N C

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-16675	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **16691** GREAT AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$46,579.64
4/15/2014	\$46,579.64
5/15/2014	\$46,579.64
6/15/2014	\$46,579.64
7/15/2014	\$46,579.64
8/15/2014	\$46,579.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$279,477.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-16691	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-16691	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-16691	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 344 vehicles covered during 7/1/2013 to 12/31/2013		\$172.00
Auto Theft Authority Assessment for 360 vehicles covered during 1/1/2014 to 6/30/2014		\$180.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **16705** DEALERS ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,363.02
4/15/2014	\$2,363.02
5/15/2014	\$2,363.02
6/15/2014	\$2,363.02
7/15/2014	\$2,363.02
8/15/2014	\$2,363.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,178.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-16705	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-16705	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **16713** BUCKEYE STATE MUTUAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-16713	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-16713	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **16802** INFINITY SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-16802	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-16802	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **16810** AMERICAN MERCURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,864.09
4/15/2014	\$5,864.09
5/15/2014	\$5,864.09
6/15/2014	\$5,864.09
7/15/2014	\$5,864.09
8/15/2014	\$5,864.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$35,184.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-16810	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-16810	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **17221** HOMESITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-17221	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-17221	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-17221	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **17230** ALLSTATE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$306,295.48
4/15/2014	\$306,295.48
5/15/2014	\$306,295.48
6/15/2014	\$306,295.48
7/15/2014	\$306,295.48
8/15/2014	\$306,295.48
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,837,772.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-17230	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-17230	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-17230	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 51,217 vehicles covered during 7/1/2013 to 12/31/2013		\$25,608.50
Auto Theft Authority Assessment for 51,347 vehicles covered during 1/1/2014 to 6/30/2014		\$25,673.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **17248** SAFEWAY PROPERTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-17248	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-17248	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **17370** NAUTILUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,856.54
4/15/2014	\$1,856.54
5/15/2014	\$1,856.54
6/15/2014	\$1,856.54
7/15/2014	\$1,856.54
8/15/2014	\$1,856.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,139.24

Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2013 to 12/31/2013	\$5.00
Auto Theft Authority Assessment for 94 vehicles covered during 1/1/2014 to 6/30/2014	\$47.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **17965** AMERICAN SENTINEL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-17965	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-17965	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-17965	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18023** STAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,416.10
4/15/2014	\$6,416.10
5/15/2014	\$6,416.10
6/15/2014	\$6,416.10
7/15/2014	\$6,416.10
8/15/2014	\$6,416.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$38,496.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18023	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-18023	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-18023	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 122 vehicles covered during 7/1/2013 to 12/31/2013		\$61.00
Auto Theft Authority Assessment for 93 vehicles covered during 1/1/2014 to 6/30/2014		\$46.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **18031** TOPA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,540.01
4/15/2014	\$3,540.01
5/15/2014	\$3,540.01
6/15/2014	\$3,540.01
7/15/2014	\$3,540.01
8/15/2014	\$3,540.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$21,240.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18031	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18031	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 3,266 vehicles covered during 7/1/2013 to 12/31/2013		\$1,633.00
Auto Theft Authority Assessment for 3,027 vehicles covered during 1/1/2014 to 6/30/2014		\$1,513.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **18058** PHILADELPHIA INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,191.88
4/15/2014	\$15,191.88
5/15/2014	\$15,191.88
6/15/2014	\$15,191.88
7/15/2014	\$15,191.88
8/15/2014	\$15,191.88
TOTAL INSTALLMENTS PAID IN 2014:	
	\$91,151.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18058	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18058	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 5,028 vehicles covered during 7/1/2013 to 12/31/2013		\$2,514.00
Auto Theft Authority Assessment for 4,241 vehicles covered during 1/1/2014 to 6/30/2014		\$2,120.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18139** PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$78,334.05
4/15/2014	\$78,334.05
5/15/2014	\$78,334.05
6/15/2014	\$78,334.05
7/15/2014	\$78,334.05
8/15/2014	\$78,334.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$470,004.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18139	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 48,293 vehicles covered during 7/1/2013 to 12/31/2013		\$24,146.50
Auto Theft Authority Assessment for 39,521 vehicles covered during 1/1/2014 to 6/30/2014		\$19,760.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18279** BANKERS STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$33,188.13
4/15/2014	\$33,188.13
5/15/2014	\$33,188.13
6/15/2014	\$33,188.13
7/15/2014	\$33,188.13
8/15/2014	\$33,188.13
TOTAL INSTALLMENTS PAID IN 2014:	
	\$199,128.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18279	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18279	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-18279	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 3,896 vehicles covered during 7/1/2013 to 12/31/2013		\$1,948.00
Auto Theft Authority Assessment for 4,400 vehicles covered during 1/1/2014 to 6/30/2014		\$2,200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18287** ASSURED GUARANTY MUNICIPAL CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$431.78
4/15/2014	\$431.78
5/15/2014	\$431.78
6/15/2014	\$431.78
7/15/2014	\$431.78
8/15/2014	\$431.85
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,590.75

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18287	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18333** PEERLESS INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$60,866.84
4/15/2014	\$60,866.84
5/15/2014	\$60,866.84
6/15/2014	\$60,866.84
7/15/2014	\$60,866.84
8/15/2014	\$60,866.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$365,201.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-18333	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-18333	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 5,559 vehicles covered during 7/1/2013 to 12/31/2013		\$2,779.50
Auto Theft Authority Assessment for 4,423 vehicles covered during 1/1/2014 to 6/30/2014		\$2,211.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	18468	INDEMNITY NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-18468	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-18468	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18600** USAA GENERAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$193,769.40
4/15/2014	\$193,769.40
5/15/2014	\$193,769.40
6/15/2014	\$193,769.40
7/15/2014	\$193,769.40
8/15/2014	\$193,769.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,162,616.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-18600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-18600	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 58,070 vehicles covered during 7/1/2013 to 12/31/2013		\$29,035.00
Auto Theft Authority Assessment for 63,169 vehicles covered during 1/1/2014 to 6/30/2014		\$31,584.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18619** PLATTE RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,322.17
4/15/2014	\$4,322.14
5/15/2014	\$4,322.17
6/15/2014	\$4,322.17
7/15/2014	\$4,322.17
8/15/2014	\$4,322.17
TOTAL INSTALLMENTS PAID IN 2014:	
	\$25,932.99

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-18619	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-18619	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18694** GREAT MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,103.56
4/15/2014	\$3,103.56
5/15/2014	\$3,103.56
6/15/2014	\$3,103.56
7/15/2014	\$3,103.56
8/15/2014	\$3,103.56
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,621.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18694	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-18694	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-18694	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 381 vehicles covered during 7/1/2013 to 12/31/2013		\$190.50
Auto Theft Authority Assessment for 431 vehicles covered during 1/1/2014 to 6/30/2014		\$215.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **18708** AMBAC ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18708	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18732** ARCH MORTGAGE GUARANTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **18740** MGIC INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18740	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18750** MERIT HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18767** CHURCH MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,957.30
4/15/2014	\$18,957.30
5/15/2014	\$18,957.30
6/15/2014	\$18,957.30
7/15/2014	\$18,957.30
8/15/2014	\$18,957.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$113,743.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-18767	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-18767	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-18767	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 318 vehicles covered during 7/1/2013 to 12/31/2013		\$159.00
Auto Theft Authority Assessment for 383 vehicles covered during 1/1/2014 to 6/30/2014		\$191.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **18813** DENTISTS BENEFITS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,296.02
4/15/2014	\$1,296.02
5/15/2014	\$1,296.02
6/15/2014	\$1,296.02
7/15/2014	\$1,296.02
8/15/2014	\$1,296.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,776.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18813	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18813	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **18864** FAIRMONT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-18864	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-18864	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18939** UNITED HERITAGE PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$621.31
4/15/2014	\$621.31
5/15/2014	\$621.31
6/15/2014	\$621.31
7/15/2014	\$621.31
8/15/2014	\$621.31
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,727.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18939	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18939	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 81 vehicles covered during 7/1/2013 to 12/31/2013		\$40.50
Auto Theft Authority Assessment for 67 vehicles covered during 1/1/2014 to 6/30/2014		\$33.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **18953** CSE SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,194.25
4/15/2014	\$7,194.25
5/15/2014	\$7,194.25
6/15/2014	\$7,194.25
7/15/2014	\$7,194.25
8/15/2014	\$7,194.25
TOTAL INSTALLMENTS PAID IN 2014:	
	\$43,165.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18953	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18953	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **18961** CRESTBROOK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18961	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18961	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 18 vehicles covered during 1/1/2014 to 6/30/2014		\$9.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **18988** AUTO-OWNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$88,268.96
4/15/2014	\$88,268.96
5/15/2014	\$88,268.96
6/15/2014	\$88,268.96
7/15/2014	\$88,268.96
8/15/2014	\$88,268.96
TOTAL INSTALLMENTS PAID IN 2014:	
	\$529,613.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-18988	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-18988	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-18988	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 9,289 vehicles covered during 7/1/2013 to 12/31/2013		\$4,644.50
Auto Theft Authority Assessment for 10,305 vehicles covered during 1/1/2014 to 6/30/2014		\$5,152.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19038** TRAVELERS CASUALTY AND SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,838.23
4/15/2014	\$3,838.23
5/15/2014	\$3,838.23
6/15/2014	\$3,838.23
7/15/2014	\$3,838.23
8/15/2014	\$3,838.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,029.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19038	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19038	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-19038	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19046** TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$52,727.07
4/15/2014	\$52,727.07
5/15/2014	\$52,727.07
6/15/2014	\$52,727.07
7/15/2014	\$52,727.07
8/15/2014	\$52,727.07
TOTAL INSTALLMENTS PAID IN 2014:	
	\$316,362.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19046	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19046	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 506 vehicles covered during 7/1/2013 to 12/31/2013		\$253.00
Auto Theft Authority Assessment for 503 vehicles covered during 1/1/2014 to 6/30/2014		\$251.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19062** AUTOMOBILE INSURANCE COMPANY OF HARTFORD, CT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$37,774.68
4/15/2014	\$37,774.68
5/15/2014	\$37,774.68
6/15/2014	\$37,774.68
7/15/2014	\$37,774.68
8/15/2014	\$37,774.68
TOTAL INSTALLMENTS PAID IN 2014:	
	\$226,648.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19062	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-19062	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19062	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19070** STANDARD FIRE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,228.44
4/15/2014	\$16,228.44
5/15/2014	\$16,228.44
6/15/2014	\$16,228.44
7/15/2014	\$16,228.44
8/15/2014	\$16,228.44
TOTAL INSTALLMENTS PAID IN 2014:	
	\$97,370.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19070	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-19070	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-19070	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 5 vehicles covered during 7/1/2013 to 12/31/2013		\$2.50
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2014 to 6/30/2014		\$2.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19100** AMCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$124,494.11
4/15/2014	\$124,494.11
5/15/2014	\$124,494.11
6/15/2014	\$124,494.11
7/15/2014	\$124,494.11
8/15/2014	\$124,494.11
TOTAL INSTALLMENTS PAID IN 2014:	
	\$746,964.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19100	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19100	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 14,886 vehicles covered during 7/1/2013 to 12/31/2013		\$7,443.00
Auto Theft Authority Assessment for 15,926 vehicles covered during 1/1/2014 to 6/30/2014		\$7,963.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19119** NATIONAL UNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,661.98
4/15/2014	\$5,661.98
5/15/2014	\$5,661.98
6/15/2014	\$5,661.98
7/15/2014	\$5,661.98
8/15/2014	\$5,661.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$33,971.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19119	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19119	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 7,598 vehicles covered during 7/1/2013 to 12/31/2013		\$3,799.00
Auto Theft Authority Assessment for 6,592 vehicles covered during 1/1/2014 to 6/30/2014		\$3,296.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19216** SOUTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$399.57
4/15/2014	\$399.57
5/15/2014	\$399.57
6/15/2014	\$399.57
7/15/2014	\$399.57
8/15/2014	\$399.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,397.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19216	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-19216	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-19216	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 298 vehicles covered during 7/1/2013 to 12/31/2013		\$149.00
Auto Theft Authority Assessment for 203 vehicles covered during 1/1/2014 to 6/30/2014		\$101.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19224** ST. PAUL PROTECTIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19224	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-19224	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19224	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 21 vehicles covered during 7/1/2013 to 12/31/2013		\$10.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19232** ALLSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$245,315.29
4/15/2014	\$245,315.29
5/15/2014	\$245,315.29
6/15/2014	\$245,315.29
7/15/2014	\$245,315.29
8/15/2014	\$245,315.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,471,891.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19232	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-19232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 40,162 vehicles covered during 7/1/2013 to 12/31/2013		\$20,081.00
Auto Theft Authority Assessment for 37,357 vehicles covered during 1/1/2014 to 6/30/2014		\$18,678.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19240** ALLSTATE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$240,067.94
4/15/2014	\$240,067.94
5/15/2014	\$240,067.94
6/15/2014	\$240,067.94
7/15/2014	\$240,067.94
8/15/2014	\$240,067.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,440,407.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19240	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19240	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19240	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 18,059 vehicles covered during 7/1/2013 to 12/31/2013		\$9,029.50
Auto Theft Authority Assessment for 17,272 vehicles covered during 1/1/2014 to 6/30/2014		\$8,636.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19275** AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,056,718.95
4/15/2014	\$1,056,718.95
5/15/2014	\$1,056,718.95
6/15/2014	\$1,056,718.95
7/15/2014	\$1,056,718.95
8/15/2014	\$1,056,718.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,340,313.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19275	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-19275	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19275	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 192,403 vehicles covered during 7/1/2013 to 12/31/2013		\$96,201.50
Auto Theft Authority Assessment for 189,548 vehicles covered during 1/1/2014 to 6/30/2014		\$94,774.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19283** AMERICAN STANDARD INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$67,477.55
4/15/2014	\$67,477.55
5/15/2014	\$67,477.55
6/15/2014	\$67,477.55
7/15/2014	\$67,477.55
8/15/2014	\$67,477.55
TOTAL INSTALLMENTS PAID IN 2014:	
	\$404,865.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19283	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19283	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 19,225 vehicles covered during 7/1/2013 to 12/31/2013		\$9,612.50
Auto Theft Authority Assessment for 18,629 vehicles covered during 1/1/2014 to 6/30/2014		\$9,314.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19305** ASSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,136.23
4/15/2014	\$3,136.23
5/15/2014	\$3,136.23
6/15/2014	\$3,136.23
7/15/2014	\$3,136.23
8/15/2014	\$3,136.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,817.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19305	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-19305	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19305	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 363 vehicles covered during 7/1/2013 to 12/31/2013		\$181.50
Auto Theft Authority Assessment for 111 vehicles covered during 1/1/2014 to 6/30/2014		\$55.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19348** CAPSON PHYSICIANS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,118.83
4/15/2014	\$2,118.83
5/15/2014	\$2,118.83
6/15/2014	\$2,118.83
7/15/2014	\$2,118.83
8/15/2014	\$2,118.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,712.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19348	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19356** MARYLAND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,770.89
4/15/2014	\$5,770.89
5/15/2014	\$5,770.89
6/15/2014	\$5,770.89
7/15/2014	\$5,770.89
8/15/2014	\$5,770.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$34,625.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19356	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-19356	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19356	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 178 vehicles covered during 7/1/2013 to 12/31/2013		\$89.00
Auto Theft Authority Assessment for 55 vehicles covered during 1/1/2014 to 6/30/2014		\$27.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19372** NORTHERN INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,032.64
4/15/2014	\$1,032.64
5/15/2014	\$1,032.64
6/15/2014	\$1,032.64
7/15/2014	\$1,032.64
8/15/2014	\$1,032.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,195.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19372	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19372	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-19372	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 49 vehicles covered during 7/1/2013 to 12/31/2013		\$24.50
Auto Theft Authority Assessment for 12 vehicles covered during 1/1/2014 to 6/30/2014		\$6.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19380** AMERICAN HOME ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19380	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19380	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-19380	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 101 vehicles covered during 1/1/2014 to 6/30/2014		\$50.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19399** AIU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19399	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19399	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-19399	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19402** AIG PROPERTY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,765.63
4/15/2014	\$6,765.63
5/15/2014	\$6,765.63
6/15/2014	\$6,765.63
7/15/2014	\$6,765.63
8/15/2014	\$6,765.63
TOTAL INSTALLMENTS PAID IN 2014:	
	\$40,593.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19402	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19402	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-19402	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,723 vehicles covered during 7/1/2013 to 12/31/2013		\$861.50
Auto Theft Authority Assessment for 1,845 vehicles covered during 1/1/2014 to 6/30/2014		\$922.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19410** COMMERCE AND INDUSTRY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,620.70
4/15/2014	\$5,620.70
5/15/2014	\$5,620.70
6/15/2014	\$5,620.70
7/15/2014	\$5,620.70
8/15/2014	\$5,620.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$33,724.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19410	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19410	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2013 to 12/31/2013		\$3.00
Auto Theft Authority Assessment for 61 vehicles covered during 1/1/2014 to 6/30/2014		\$30.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19429** INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,179.30
4/15/2014	\$1,179.30
5/15/2014	\$1,179.30
6/15/2014	\$1,179.30
7/15/2014	\$1,179.30
8/15/2014	\$1,179.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,075.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19429	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19429	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19429	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 914 vehicles covered during 7/1/2013 to 12/31/2013		\$457.00
Auto Theft Authority Assessment for 70 vehicles covered during 1/1/2014 to 6/30/2014		\$35.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19445** NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,540.01
4/15/2014	\$8,540.01
5/15/2014	\$8,540.01
6/15/2014	\$8,540.01
7/15/2014	\$8,540.01
8/15/2014	\$8,540.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$51,240.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19445	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-19445	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19445	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,778 vehicles covered during 7/1/2013 to 12/31/2013		\$889.00
Auto Theft Authority Assessment for 2,189 vehicles covered during 1/1/2014 to 6/30/2014		\$1,094.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19453** TRANSATLANTIC REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19453	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19453	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19488** AMERISURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$65,850.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$65,850.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19488	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19488	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 886 vehicles covered during 7/1/2013 to 12/31/2013		\$443.00
Auto Theft Authority Assessment for 1,095 vehicles covered during 1/1/2014 to 6/30/2014		\$547.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19489** ALLIED WORLD ASSURANCE COMPANY (U.S.) INC.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19496** UNITED FIRE & INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19496	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19496	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19518** CATLIN INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,825.04
4/15/2014	\$15,825.04
5/15/2014	\$15,825.04
6/15/2014	\$15,825.04
7/15/2014	\$15,825.04
8/15/2014	\$15,825.04
TOTAL INSTALLMENTS PAID IN 2014:	
	\$94,950.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19518	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19518	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19518	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19526** TEXAS GENERAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19526	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19526	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	19530	HALLMARK NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19530	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19530	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 54 vehicles covered during 7/1/2013 to 12/31/2013		\$27.00
Auto Theft Authority Assessment for 12 vehicles covered during 1/1/2014 to 6/30/2014		\$6.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19615** AMERICAN RELIABLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$30,447.79
4/15/2014	\$30,447.79
5/15/2014	\$30,447.79
6/15/2014	\$30,447.79
7/15/2014	\$30,447.79
8/15/2014	\$30,447.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$182,686.74

Auto Theft Authority Assessment for 891 vehicles covered during 7/1/2013 to 12/31/2013	\$445.50
Auto Theft Authority Assessment for 1,032 vehicles covered during 1/1/2014 to 6/30/2014	\$516.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19623** AMERICAN SUMMIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$50,485.45
4/15/2014	\$50,485.45
5/15/2014	\$50,485.45
6/15/2014	\$50,485.45
7/15/2014	\$50,485.45
8/15/2014	\$50,485.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$302,912.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19623	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19623	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19623	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19631** AMERICAN ROAD INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,809.14
4/15/2014	\$2,809.06
5/15/2014	\$2,809.06
6/15/2014	\$2,809.06
7/15/2014	\$2,809.06
8/15/2014	\$2,809.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,854.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19631	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19631	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 155 vehicles covered during 7/1/2013 to 12/31/2013		\$77.50
Auto Theft Authority Assessment for 147 vehicles covered during 1/1/2014 to 6/30/2014		\$73.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19658** BRISTOL WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19658	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19658	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19682** HARTFORD FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$54,468.12
4/15/2014	\$54,468.12
5/15/2014	\$54,468.12
6/15/2014	\$54,468.12
7/15/2014	\$54,468.12
8/15/2014	\$54,468.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$326,808.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19682	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19682	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-19682	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,718 vehicles covered during 7/1/2013 to 12/31/2013		\$1,359.00
Auto Theft Authority Assessment for 2,440 vehicles covered during 1/1/2014 to 6/30/2014		\$1,220.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19690** AMERICAN ECONOMY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,965.33
4/15/2014	\$3,965.33
5/15/2014	\$3,965.33
6/15/2014	\$3,965.33
7/15/2014	\$3,965.33
8/15/2014	\$3,965.33
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,791.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19690	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 208 vehicles covered during 7/1/2013 to 12/31/2013		\$104.00
Auto Theft Authority Assessment for 154 vehicles covered during 1/1/2014 to 6/30/2014		\$77.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19704** AMERICAN STATES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,205.28
4/15/2014	\$6,205.28
5/15/2014	\$6,205.28
6/15/2014	\$6,205.28
7/15/2014	\$6,205.28
8/15/2014	\$6,205.28
TOTAL INSTALLMENTS PAID IN 2014:	
	\$37,231.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19704	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19704	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19704	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 798 vehicles covered during 7/1/2013 to 12/31/2013		\$399.00
Auto Theft Authority Assessment for 647 vehicles covered during 1/1/2014 to 6/30/2014		\$323.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19712** AMERICAN STATES INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19712	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-19712	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19712	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19720** AMERICAN ALTERNATIVE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$30,171.30
4/15/2014	\$30,171.30
5/15/2014	\$30,171.30
6/15/2014	\$30,171.30
7/15/2014	\$30,171.30
8/15/2014	\$30,171.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$181,027.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19720	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19720	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-19720	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 1,720 vehicles covered during 7/1/2013 to 12/31/2013		\$860.00
Auto Theft Authority Assessment for 1,160 vehicles covered during 1/1/2014 to 6/30/2014		\$580.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19801** ARGONAUT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,234.77
4/15/2014	\$8,234.77
5/15/2014	\$8,234.77
6/15/2014	\$8,234.77
7/15/2014	\$8,234.77
8/15/2014	\$8,234.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$49,408.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19801	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19801	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2013 to 12/31/2013		\$6.00
Auto Theft Authority Assessment for 77 vehicles covered during 1/1/2014 to 6/30/2014		\$38.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19828** ARGONAUT-MIDWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19828	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19828	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19836** SELECT MARKETS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19836	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19836	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19844** ARGONAUT-SOUTHWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19844	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19844	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19852** FINANCIAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,077.83
4/15/2014	\$1,077.83
5/15/2014	\$1,077.83
6/15/2014	\$1,077.83
7/15/2014	\$1,077.83
8/15/2014	\$1,077.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,466.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-19852	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-19852	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19852	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 393 vehicles covered during 7/1/2013 to 12/31/2013		\$196.50
Auto Theft Authority Assessment for 323 vehicles covered during 1/1/2014 to 6/30/2014		\$161.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19860** ARGONAUT GREAT CENTRAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,461.40
4/15/2014	\$3,461.40
5/15/2014	\$3,461.00
6/15/2014	\$3,461.40
7/15/2014	\$3,461.40
8/15/2014	\$3,461.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,767.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19860	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 99 vehicles covered during 7/1/2013 to 12/31/2013		\$49.50
Auto Theft Authority Assessment for 33 vehicles covered during 1/1/2014 to 6/30/2014		\$16.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19879** SECURITY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19879	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19887** TRINITY UNIVERSAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19887	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19917** LIBERTY INSURANCE UNDERWRITERS INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$58,219.08
4/15/2014	\$58,219.08
5/15/2014	\$58,219.08
6/15/2014	\$58,219.08
7/15/2014	\$58,219.08
8/15/2014	\$58,219.08
TOTAL INSTALLMENTS PAID IN 2014:	
	\$349,314.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19917	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19917	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19917	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 21 vehicles covered during 7/1/2013 to 12/31/2013		\$10.50
Auto Theft Authority Assessment for 21 vehicles covered during 1/1/2014 to 6/30/2014		\$10.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19941** AMERICAN COMMERCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,440.79
4/15/2014	\$22,440.79
5/15/2014	\$22,440.79
6/15/2014	\$22,440.79
7/15/2014	\$22,440.79
8/15/2014	\$22,440.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$134,644.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19941	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-19941	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-19941	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 4,536 vehicles covered during 7/1/2013 to 12/31/2013		\$2,268.00
Auto Theft Authority Assessment for 4,132 vehicles covered during 1/1/2014 to 6/30/2014		\$2,066.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19976** AMICA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$73,321.44
4/15/2014	\$73,321.44
5/15/2014	\$73,321.44
6/15/2014	\$73,321.44
7/15/2014	\$73,321.44
8/15/2014	\$73,321.44
TOTAL INSTALLMENTS PAID IN 2014:	
	\$439,928.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19976	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19976	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 7,254 vehicles covered during 7/1/2013 to 12/31/2013		\$3,627.00
Auto Theft Authority Assessment for 6,465 vehicles covered during 1/1/2014 to 6/30/2014		\$3,232.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **19984** ACIG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-19984	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-19984	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **19992** AMERICAN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$325.96
4/15/2014	\$325.96
5/15/2014	\$325.96
6/15/2014	\$325.96
7/15/2014	\$325.96
8/15/2014	\$325.96
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,955.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-19992	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-19992	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-19992	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20044** BERKSHIRE HATHAWAY HOMESTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$818.60
4/15/2014	\$818.60
5/15/2014	\$818.60
6/15/2014	\$818.60
7/15/2014	\$818.60
8/15/2014	\$818.60
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,911.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20044	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20052** NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,060.56
4/15/2014	\$6,060.56
5/15/2014	\$6,060.56
6/15/2014	\$6,060.56
7/15/2014	\$6,060.56
8/15/2014	\$6,060.56
TOTAL INSTALLMENTS PAID IN 2014:	
	\$36,363.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20052	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20052	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 644 vehicles covered during 7/1/2013 to 12/31/2013		\$322.00
Auto Theft Authority Assessment for 680 vehicles covered during 1/1/2014 to 6/30/2014		\$340.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20087** NATIONAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,816.54
4/15/2014	\$13,816.54
5/15/2014	\$13,816.54
6/15/2014	\$13,816.54
7/15/2014	\$13,816.54
8/15/2014	\$13,816.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$82,899.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20087	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-20087	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20087	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 381 vehicles covered during 7/1/2013 to 12/31/2013		\$190.50
Auto Theft Authority Assessment for 428 vehicles covered during 1/1/2014 to 6/30/2014		\$214.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20095** BITCO GENERAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,287.13
4/15/2014	\$1,287.13
5/15/2014	\$1,287.13
6/15/2014	\$1,287.13
7/15/2014	\$1,287.13
8/15/2014	\$1,287.13
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,722.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20095	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20095	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 128 vehicles covered during 7/1/2013 to 12/31/2013		\$64.00
Auto Theft Authority Assessment for 119 vehicles covered during 1/1/2014 to 6/30/2014		\$59.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20109** BITCO NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$623.20
4/15/2014	\$623.20
5/15/2014	\$623.20
6/15/2014	\$623.20
7/15/2014	\$623.20
8/15/2014	\$623.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,739.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20109	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20109	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 33 vehicles covered during 1/1/2014 to 6/30/2014		\$16.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20117** CALIFORNIA CASUALTY INDEMNITY EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,610.69
4/15/2014	\$9,610.69
5/15/2014	\$9,610.69
6/15/2014	\$9,610.69
7/15/2014	\$9,610.69
8/15/2014	\$9,610.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$57,664.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20117	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20117	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20125** CALIFORNIA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20125	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20125	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20141** NATIONAL TRUST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20141	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20141	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20222** ALL AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,889.35
4/15/2014	\$3,889.35
5/15/2014	\$3,889.35
6/15/2014	\$3,889.35
7/15/2014	\$3,889.35
8/15/2014	\$3,889.35
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,336.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20222	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20222	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 46 vehicles covered during 7/1/2013 to 12/31/2013		\$23.00
Auto Theft Authority Assessment for 480 vehicles covered during 1/1/2014 to 6/30/2014		\$240.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20230** CENTRAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$56,371.03
4/15/2014	\$56,371.03
5/15/2014	\$56,371.03
6/15/2014	\$56,371.03
7/15/2014	\$56,371.03
8/15/2014	\$56,371.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$338,226.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20230	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20230	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 9,094 vehicles covered during 7/1/2013 to 12/31/2013		\$4,547.00
Auto Theft Authority Assessment for 9,416 vehicles covered during 1/1/2014 to 6/30/2014		\$4,708.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20260** INFINITY SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,437.81
4/15/2014	\$5,437.81
5/15/2014	\$5,437.81
6/15/2014	\$5,437.81
7/15/2014	\$5,437.81
8/15/2014	\$5,437.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$32,626.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20260	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 7,417 vehicles covered during 7/1/2013 to 12/31/2013		\$3,708.50
Auto Theft Authority Assessment for 5,779 vehicles covered during 1/1/2014 to 6/30/2014		\$2,889.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20273** WRM AMERICA INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20273	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-20273	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-20273	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20281** FEDERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$169,664.18
4/15/2014	\$169,664.18
5/15/2014	\$169,664.18
6/15/2014	\$169,664.18
7/15/2014	\$169,664.18
8/15/2014	\$169,664.18
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,017,985.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20281	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-20281	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20281	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 832 vehicles covered during 7/1/2013 to 12/31/2013		\$416.00
Auto Theft Authority Assessment for 1,630 vehicles covered during 1/1/2014 to 6/30/2014		\$815.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20303** GREAT NORTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$23,933.55
4/15/2014	\$23,933.55
5/15/2014	\$23,933.55
6/15/2014	\$23,933.55
7/15/2014	\$23,933.55
8/15/2014	\$23,933.55
TOTAL INSTALLMENTS PAID IN 2014:	
	\$143,601.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20303	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20303	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20303	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 388 vehicles covered during 7/1/2013 to 12/31/2013		\$194.00
Auto Theft Authority Assessment for 1,078 vehicles covered during 1/1/2014 to 6/30/2014		\$539.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20311** SYNCORA GUARANTEE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20311	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20338** PALOMAR SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20338	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20346** PACIFIC INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$88,878.27
4/15/2014	\$88,878.27
5/15/2014	\$88,878.27
6/15/2014	\$88,878.27
7/15/2014	\$88,878.27
8/15/2014	\$88,878.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$533,269.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20346	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20346	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20346	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,106 vehicles covered during 7/1/2013 to 12/31/2013		\$1,053.00
Auto Theft Authority Assessment for 4,534 vehicles covered during 1/1/2014 to 6/30/2014		\$2,267.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20362** MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,101.21
4/15/2014	\$4,101.21
5/15/2014	\$4,101.21
6/15/2014	\$4,101.21
7/15/2014	\$4,101.21
8/15/2014	\$4,101.21
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,607.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20362	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-20362	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20362	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 300 vehicles covered during 7/1/2013 to 12/31/2013		\$150.00
Auto Theft Authority Assessment for 72 vehicles covered during 1/1/2014 to 6/30/2014		\$36.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20370** AXIS REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20370	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20370	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20370	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20397** VIGILANT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,398.00
4/15/2014	\$8,398.00
5/15/2014	\$8,398.00
6/15/2014	\$8,398.00
7/15/2014	\$8,398.00
8/15/2014	\$8,398.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$50,388.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20397	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-20397	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-20397	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 251 vehicles covered during 7/1/2013 to 12/31/2013		\$125.50
Auto Theft Authority Assessment for 442 vehicles covered during 1/1/2014 to 6/30/2014		\$221.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20400** PROSELECT NATIONAL INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20419** HOMESITE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$46,901.63
4/15/2014	\$46,901.63
5/15/2014	\$46,901.63
6/15/2014	\$46,901.63
7/15/2014	\$46,901.63
8/15/2014	\$46,901.63
TOTAL INSTALLMENTS PAID IN 2014:	
	\$281,409.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20419	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20419	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20427** AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$31,005.64
4/15/2014	\$31,005.64
5/15/2014	\$31,005.64
6/15/2014	\$31,005.64
7/15/2014	\$31,005.64
8/15/2014	\$31,005.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$186,033.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20427	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20427	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20427	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 667 vehicles covered during 7/1/2013 to 12/31/2013		\$333.50
Auto Theft Authority Assessment for 683 vehicles covered during 1/1/2014 to 6/30/2014		\$341.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20443** CONTINENTAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$216,213.98
4/15/2014	\$216,213.98
5/15/2014	\$216,213.98
6/15/2014	\$216,213.98
7/15/2014	\$216,213.98
8/15/2014	\$216,213.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,297,283.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20443	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20443	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20443	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 1,888 vehicles covered during 7/1/2013 to 12/31/2013		\$944.00
Auto Theft Authority Assessment for 1,892 vehicles covered during 1/1/2014 to 6/30/2014		\$946.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20451** MIDSTATES REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20451	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20451	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20451	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20478** NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$17,903.62
4/15/2014	\$17,903.62
5/15/2014	\$17,903.62
6/15/2014	\$17,903.62
7/15/2014	\$17,903.62
8/15/2014	\$17,903.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$107,421.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20478	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-20478	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20478	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 225 vehicles covered during 7/1/2013 to 12/31/2013		\$112.50
Auto Theft Authority Assessment for 267 vehicles covered during 1/1/2014 to 6/30/2014		\$133.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20494** TRANSPORTATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,823.04
4/15/2014	\$16,823.04
5/15/2014	\$16,823.04
6/15/2014	\$16,823.04
7/15/2014	\$16,823.04
8/15/2014	\$16,823.04
TOTAL INSTALLMENTS PAID IN 2014:	
	\$100,938.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20494	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20494	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 792 vehicles covered during 7/1/2013 to 12/31/2013		\$396.00
Auto Theft Authority Assessment for 841 vehicles covered during 1/1/2014 to 6/30/2014		\$420.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20508** VALLEY FORGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$29,460.17
4/15/2014	\$29,460.17
5/15/2014	\$29,460.17
6/15/2014	\$29,460.17
7/15/2014	\$29,460.17
8/15/2014	\$29,460.17
TOTAL INSTALLMENTS PAID IN 2014:	
	\$176,761.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20508	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20508	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20508	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 1,307 vehicles covered during 7/1/2013 to 12/31/2013		\$653.50
Auto Theft Authority Assessment for 1,161 vehicles covered during 1/1/2014 to 6/30/2014		\$580.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20516** EULER HERMES NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,114.52
4/15/2014	\$1,114.52
5/15/2014	\$1,114.52
6/15/2014	\$1,114.52
7/15/2014	\$1,114.52
8/15/2014	\$1,114.52
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,687.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20516	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20532** CLARENDON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20532	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20532	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-20532	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 18 vehicles covered during 7/1/2013 to 12/31/2013		\$9.00
Auto Theft Authority Assessment for 15 vehicles covered during 1/1/2014 to 6/30/2014		\$7.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20559** GENERAL SECURITY INDEMNITY COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,161.76
4/15/2014	\$11,161.76
5/15/2014	\$11,161.76
6/15/2014	\$11,161.76
7/15/2014	\$11,161.76
8/15/2014	\$11,161.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$66,970.56

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20583** XL REINSURANCE AMERICA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20583	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20583	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20583	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20613** SPARTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,835.48
4/15/2014	\$8,835.48
5/15/2014	\$8,835.48
6/15/2014	\$8,835.48
7/15/2014	\$8,835.48
8/15/2014	\$8,835.48
TOTAL INSTALLMENTS PAID IN 2014:	
	\$53,012.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20613	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20613	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20613	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,065 vehicles covered during 7/1/2013 to 12/31/2013		\$532.50
Auto Theft Authority Assessment for 660 vehicles covered during 1/1/2014 to 6/30/2014		\$330.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20621** ONEBEACON AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20621	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20621	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20621	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20648** EMPLOYERS' FIRE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20648	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-20648	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20699** ACE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,166.25
4/15/2014	\$7,166.25
5/15/2014	\$7,166.25
6/15/2014	\$7,166.25
7/15/2014	\$7,166.25
8/15/2014	\$7,166.25
TOTAL INSTALLMENTS PAID IN 2014:	
	\$42,997.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20699	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20699	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20699	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2013 to 12/31/2013		\$1.00
Auto Theft Authority Assessment for 46 vehicles covered during 1/1/2014 to 6/30/2014		\$23.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20702** ACE FIRE UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20702	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20702	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20710** CENTURY INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-20710	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20710	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20710	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20796** 21ST CENTURY PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$500.84
4/15/2014	\$500.84
5/15/2014	\$500.84
6/15/2014	\$500.84
7/15/2014	\$500.84
8/15/2014	\$500.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,005.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-20796	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20796	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-20796	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 156 vehicles covered during 7/1/2013 to 12/31/2013		\$78.00
Auto Theft Authority Assessment for 140 vehicles covered during 1/1/2014 to 6/30/2014		\$70.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **20931** ATLANTA INTERNATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20931	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-20931	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-20931	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20982** COUNTRY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$887.57
4/15/2014	\$887.57
5/15/2014	\$887.57
6/15/2014	\$887.57
7/15/2014	\$887.57
8/15/2014	\$887.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,325.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20982	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20982	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 143 vehicles covered during 7/1/2013 to 12/31/2013		\$71.50
Auto Theft Authority Assessment for 130 vehicles covered during 1/1/2014 to 6/30/2014		\$65.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **20990** COUNTRY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$76,213.91
4/15/2014	\$76,213.91
5/15/2014	\$76,213.91
6/15/2014	\$76,213.91
7/15/2014	\$76,213.91
8/15/2014	\$76,213.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$457,283.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-20990	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-20990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 4,872 vehicles covered during 7/1/2013 to 12/31/2013		\$2,436.00
Auto Theft Authority Assessment for 4,436 vehicles covered during 1/1/2014 to 6/30/2014		\$2,218.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21008** COUNTRY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$83,043.42
4/15/2014	\$83,043.42
5/15/2014	\$83,043.42
6/15/2014	\$83,043.42
7/15/2014	\$83,043.42
8/15/2014	\$83,043.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$498,260.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21008	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21008	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 27,287 vehicles covered during 7/1/2013 to 12/31/2013		\$13,643.50
Auto Theft Authority Assessment for 27,077 vehicles covered during 1/1/2014 to 6/30/2014		\$13,538.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	21032	GLOBAL REINSURANCE CORPORATION OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21032	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21032	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21075** FINANCIAL AMERICAN PROPERTY AND CASUALTY IC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-21075	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-21075	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21075	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21105** NORTH RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,159.50
4/15/2014	\$3,159.50
5/15/2014	\$3,159.50
6/15/2014	\$3,159.50
7/15/2014	\$3,159.50
8/15/2014	\$3,159.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,957.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21105	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21105	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-21105	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 17 vehicles covered during 7/1/2013 to 12/31/2013		\$8.50
Auto Theft Authority Assessment for 54 vehicles covered during 1/1/2014 to 6/30/2014		\$27.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21113** UNITED STATES FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$21,911.71
4/15/2014	\$21,911.71
5/15/2014	\$21,911.71
6/15/2014	\$21,911.71
7/15/2014	\$21,911.71
8/15/2014	\$21,911.71
TOTAL INSTALLMENTS PAID IN 2014:	
	\$131,470.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-21113	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-21113	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21113	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 50 vehicles covered during 7/1/2013 to 12/31/2013		\$25.00
Auto Theft Authority Assessment for 141 vehicles covered during 1/1/2014 to 6/30/2014		\$70.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21164** DAIRYLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,200.66
4/15/2014	\$12,200.66
5/15/2014	\$12,200.66
6/15/2014	\$12,200.66
7/15/2014	\$12,200.66
8/15/2014	\$12,200.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$73,203.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21164	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21164	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 7,136 vehicles covered during 7/1/2013 to 12/31/2013		\$3,568.00
Auto Theft Authority Assessment for 7,111 vehicles covered during 1/1/2014 to 6/30/2014		\$3,555.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21172** VANLINER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,377.11
4/15/2014	\$3,377.11
5/15/2014	\$3,377.11
6/15/2014	\$3,377.11
7/15/2014	\$3,377.11
8/15/2014	\$3,377.11
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,262.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21172	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21172	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 473 vehicles covered during 7/1/2013 to 12/31/2013		\$236.50
Auto Theft Authority Assessment for 468 vehicles covered during 1/1/2014 to 6/30/2014		\$234.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21180** SENTRY SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,071.80
4/15/2014	\$6,071.80
5/15/2014	\$6,071.80
6/15/2014	\$6,071.80
7/15/2014	\$6,071.80
8/15/2014	\$6,071.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$36,430.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-21180	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-21180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21180	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 60 vehicles covered during 7/1/2013 to 12/31/2013		\$30.00
Auto Theft Authority Assessment for 95 vehicles covered during 1/1/2014 to 6/30/2014		\$47.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21253** GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$122,173.41
4/15/2014	\$122,173.41
5/15/2014	\$122,173.41
6/15/2014	\$122,173.41
7/15/2014	\$122,173.41
8/15/2014	\$122,173.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$733,040.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21253	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21253	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 30,768 vehicles covered during 7/1/2013 to 12/31/2013		\$15,384.00
Auto Theft Authority Assessment for 31,609 vehicles covered during 1/1/2014 to 6/30/2014		\$15,804.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21261** ELECTRIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,497.85
4/15/2014	\$20,497.85
5/15/2014	\$20,497.85
6/15/2014	\$20,497.85
7/15/2014	\$20,497.85
8/15/2014	\$20,497.85
TOTAL INSTALLMENTS PAID IN 2014:	
	\$122,987.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21261	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-21261	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-21261	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 5,325 vehicles covered during 7/1/2013 to 12/31/2013		\$2,662.50
Auto Theft Authority Assessment for 4,731 vehicles covered during 1/1/2014 to 6/30/2014		\$2,365.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21296** ALTERRA AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,878.79
4/15/2014	\$5,878.79
5/15/2014	\$5,878.79
6/15/2014	\$5,878.79
7/15/2014	\$5,878.79
8/15/2014	\$5,878.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$35,272.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21296	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21296	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-21296	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21326** EMPIRE FIRE AND MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$47,897.40
4/15/2014	\$47,897.40
5/15/2014	\$47,897.40
6/15/2014	\$47,897.40
7/15/2014	\$47,897.40
8/15/2014	\$47,897.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$287,384.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21326	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21326	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-21326	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 2,988 vehicles covered during 7/1/2013 to 12/31/2013		\$1,494.00
Auto Theft Authority Assessment for 1,437 vehicles covered during 1/1/2014 to 6/30/2014		\$718.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21407** EMCASCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,949.46
4/15/2014	\$13,949.46
5/15/2014	\$13,949.46
6/15/2014	\$13,949.46
7/15/2014	\$13,949.46
8/15/2014	\$13,949.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$83,696.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21407	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21407	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,008 vehicles covered during 7/1/2013 to 12/31/2013		\$1,004.00
Auto Theft Authority Assessment for 2,129 vehicles covered during 1/1/2014 to 6/30/2014		\$1,064.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21415** EMPLOYERS MUTUAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$64,513.73
4/15/2014	\$64,513.73
5/15/2014	\$64,513.73
6/15/2014	\$64,513.73
7/15/2014	\$64,513.73
8/15/2014	\$64,513.73
TOTAL INSTALLMENTS PAID IN 2014:	
	\$387,082.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21415	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21415	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 5,554 vehicles covered during 7/1/2013 to 12/31/2013		\$2,777.00
Auto Theft Authority Assessment for 7,503 vehicles covered during 1/1/2014 to 6/30/2014		\$3,751.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21423** UNION INSURANCE COMPANY OF PROVIDENCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,815.59
4/15/2014	\$7,815.59
5/15/2014	\$7,815.59
6/15/2014	\$7,815.59
7/15/2014	\$7,815.59
8/15/2014	\$7,815.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$46,893.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21423	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21423	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,325 vehicles covered during 7/1/2013 to 12/31/2013		\$1,162.50
Auto Theft Authority Assessment for 634 vehicles covered during 1/1/2014 to 6/30/2014		\$317.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21458** EMPLOYERS INSURANCE COMPANY OF WAUSAU

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,316.69
4/15/2014	\$1,316.69
5/15/2014	\$1,316.69
6/15/2014	\$1,316.69
7/15/2014	\$1,316.69
8/15/2014	\$1,316.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,900.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21458	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21458	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-21458	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 334 vehicles covered during 7/1/2013 to 12/31/2013		\$167.00
Auto Theft Authority Assessment for 353 vehicles covered during 1/1/2014 to 6/30/2014		\$176.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21482** FACTORY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$81,248.77
4/15/2014	\$81,248.77
5/15/2014	\$81,248.77
6/15/2014	\$81,248.77
7/15/2014	\$81,248.77
8/15/2014	\$81,248.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$487,492.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21482	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21482	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21598** FARMERS INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,418,928.46
4/15/2014	\$1,418,928.46
5/15/2014	\$1,418,928.46
6/15/2014	\$1,418,928.46
7/15/2014	\$1,418,928.46
8/15/2014	\$1,418,928.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,513,570.76

Auto Theft Authority Assessment for 381,632 vehicles covered during 7/1/2013 to 12/31/2013	\$190,816.00
Auto Theft Authority Assessment for 367,584 vehicles covered during 1/1/2014 to 6/30/2014	\$183,792.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21652** FARMERS INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$346,170.80
4/15/2014	\$346,170.80
5/15/2014	\$346,170.80
6/15/2014	\$346,170.80
7/15/2014	\$346,170.80
8/15/2014	\$346,170.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,077,024.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21652	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-21652	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-21652	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 537 vehicles covered during 7/1/2013 to 12/31/2013		\$268.50
Auto Theft Authority Assessment for 608 vehicles covered during 1/1/2014 to 6/30/2014		\$304.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21660** FIRE INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21660	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21660	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21687** MID-CENTURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$80,358.06
4/15/2014	\$80,358.06
5/15/2014	\$80,358.06
6/15/2014	\$80,358.06
7/15/2014	\$80,358.06
8/15/2014	\$80,358.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$482,148.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-21687	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-21687	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21687	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,454 vehicles covered during 7/1/2013 to 12/31/2013		\$1,227.00
Auto Theft Authority Assessment for 2,487 vehicles covered during 1/1/2014 to 6/30/2014		\$1,243.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21709** TRUCK INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$56,233.47
4/15/2014	\$56,233.47
5/15/2014	\$56,233.47
6/15/2014	\$56,233.47
7/15/2014	\$56,233.47
8/15/2014	\$56,233.47
TOTAL INSTALLMENTS PAID IN 2014:	
	\$337,400.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-21709	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-21709	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21709	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,275 vehicles covered during 7/1/2013 to 12/31/2013		\$637.50
Auto Theft Authority Assessment for 1,146 vehicles covered during 1/1/2014 to 6/30/2014		\$573.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	21741	ESURANCE INSURANCE COMPANY OF NEW JERSEY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21741	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21741	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21784** FIREMEN'S INSURANCE COMPANY OF WASHINGTON, D.C.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,059.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,059.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21784	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-21784	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-21784	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 552 vehicles covered during 7/1/2013 to 12/31/2013		\$276.00
Auto Theft Authority Assessment for 523 vehicles covered during 1/1/2014 to 6/30/2014		\$261.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21792** INFINITY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21792	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21792	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21830** NEW ENGLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21830	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21830	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21849** AMERICAN AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$23,846.46
4/15/2014	\$23,846.46
5/15/2014	\$23,846.46
6/15/2014	\$23,846.46
7/15/2014	\$23,846.46
8/15/2014	\$23,846.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$143,078.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21849	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21849	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-21849	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 225 vehicles covered during 7/1/2013 to 12/31/2013		\$112.50
Auto Theft Authority Assessment for 179 vehicles covered during 1/1/2014 to 6/30/2014		\$89.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21857** AMERICAN INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$29,103.53
4/15/2014	\$29,103.53
5/15/2014	\$29,103.53
6/15/2014	\$29,103.53
7/15/2014	\$29,103.53
8/15/2014	\$29,103.53
TOTAL INSTALLMENTS PAID IN 2014:	
	\$174,621.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21857	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21857	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 477 vehicles covered during 7/1/2013 to 12/31/2013		\$238.50
Auto Theft Authority Assessment for 207 vehicles covered during 1/1/2014 to 6/30/2014		\$103.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21865** ASSOCIATED INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,006.32
4/15/2014	\$3,006.32
5/15/2014	\$3,006.32
6/15/2014	\$3,006.32
7/15/2014	\$3,006.32
8/15/2014	\$3,006.32
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,037.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21865	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-21865	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-21865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 44 vehicles covered during 7/1/2013 to 12/31/2013		\$22.00
Auto Theft Authority Assessment for 43 vehicles covered during 1/1/2014 to 6/30/2014		\$21.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21873** FIREMAN'S FUND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$21,120.12
4/15/2014	\$21,120.12
5/15/2014	\$21,120.12
6/15/2014	\$21,120.12
7/15/2014	\$21,120.12
8/15/2014	\$21,120.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$126,720.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-21873	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 3,194 vehicles covered during 7/1/2013 to 12/31/2013		\$1,597.00
Auto Theft Authority Assessment for 3,563 vehicles covered during 1/1/2014 to 6/30/2014		\$1,781.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21881** NATIONAL SURETY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,924.03
4/15/2014	\$10,924.03
5/15/2014	\$10,924.03
6/15/2014	\$10,924.03
7/15/2014	\$10,924.03
8/15/2014	\$10,924.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$65,544.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21881	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-21881	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-21881	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 597 vehicles covered during 7/1/2013 to 12/31/2013		\$298.50
Auto Theft Authority Assessment for 667 vehicles covered during 1/1/2014 to 6/30/2014		\$333.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **21903** PROCENTURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$361.34
4/15/2014	\$361.34
5/15/2014	\$361.34
6/15/2014	\$361.34
7/15/2014	\$361.34
8/15/2014	\$361.34
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,168.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21903	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21903	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21911** SAN FRANCISCO REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-21911	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-21911	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21962** PENNSYLVANIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21962	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21970** ONEBEACON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-21970	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-21970	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **21989** COMPASS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-21989	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-21989	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-21989	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22004** CIM INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22004	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22004	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22012** MOTORS INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,045.85
4/15/2014	\$2,045.85
5/15/2014	\$2,045.85
6/15/2014	\$2,045.85
7/15/2014	\$2,045.85
8/15/2014	\$2,045.85
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,275.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22012	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22012	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22039** GENERAL REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$928.33
4/15/2014	\$928.33
5/15/2014	\$928.33
6/15/2014	\$928.33
7/15/2014	\$928.33
8/15/2014	\$928.33
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,569.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22039	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22039	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-22039	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22055** GEICO INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$54,721.30
4/15/2014	\$54,721.30
5/15/2014	\$54,721.30
6/15/2014	\$54,721.30
7/15/2014	\$54,721.30
8/15/2014	\$54,721.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$328,327.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22055	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22055	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 94,052 vehicles covered during 7/1/2013 to 12/31/2013		\$47,026.00
Auto Theft Authority Assessment for 91,108 vehicles covered during 1/1/2014 to 6/30/2014		\$45,554.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22063** GOVERNMENT EMPLOYEES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$110,120.47
4/15/2014	\$110,120.47
5/15/2014	\$110,120.47
6/15/2014	\$110,120.47
7/15/2014	\$110,120.47
8/15/2014	\$110,120.47
TOTAL INSTALLMENTS PAID IN 2014:	
	\$660,722.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22063	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22063	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-22063	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 70,549 vehicles covered during 7/1/2013 to 12/31/2013		\$35,274.50
Auto Theft Authority Assessment for 67,116 vehicles covered during 1/1/2014 to 6/30/2014		\$33,558.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22098** GRAIN DEALERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22098	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22098	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-22098	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22136** GREAT AMERICAN INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,581.83
4/15/2014	\$11,581.83
5/15/2014	\$11,581.83
6/15/2014	\$11,581.83
7/15/2014	\$11,581.83
8/15/2014	\$11,581.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$69,490.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22136	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22136	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 724 vehicles covered during 7/1/2013 to 12/31/2013		\$362.00
Auto Theft Authority Assessment for 190 vehicles covered during 1/1/2014 to 6/30/2014		\$95.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22179** REPUBLIC INDEMNITY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22179	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22179	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22187** GREATER NEW YORK MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$539.40
4/15/2014	\$539.40
5/15/2014	\$539.40
6/15/2014	\$539.40
7/15/2014	\$539.40
8/15/2014	\$539.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,236.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22187	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22187	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-22187	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22209** FREEDOM SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$929.10
4/15/2014	\$929.10
5/15/2014	\$929.10
6/15/2014	\$929.10
7/15/2014	\$929.10
8/15/2014	\$929.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,574.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22209	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22209	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22225** 21ST CENTURY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,151.20
4/15/2014	\$2,151.20
5/15/2014	\$2,151.20
6/15/2014	\$2,151.20
7/15/2014	\$2,151.20
8/15/2014	\$2,151.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,907.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22225	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22225	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-22225	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 808 vehicles covered during 7/1/2013 to 12/31/2013		\$404.00
Auto Theft Authority Assessment for 531 vehicles covered during 1/1/2014 to 6/30/2014		\$265.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22233** SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22233	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22233	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22241** MEDMARC CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,107.34
4/15/2014	\$1,107.34
5/15/2014	\$1,107.34
6/15/2014	\$1,107.34
7/15/2014	\$1,107.34
8/15/2014	\$1,107.34
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,644.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22241	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22241	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22250** BLUESHORE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22250	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22268** INFINITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,509.47
4/15/2014	\$11,509.47
5/15/2014	\$11,509.47
6/15/2014	\$11,509.47
7/15/2014	\$11,509.47
8/15/2014	\$11,509.47
TOTAL INSTALLMENTS PAID IN 2014:	
	\$69,056.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22268	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22268	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 32,397 vehicles covered during 7/1/2013 to 12/31/2013		\$16,198.50
Auto Theft Authority Assessment for 26,767 vehicles covered during 1/1/2014 to 6/30/2014		\$13,383.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22276** BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-22276	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-22276	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22276	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22292** HANOVER INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,219.84
4/15/2014	\$18,219.84
5/15/2014	\$18,219.84
6/15/2014	\$18,219.84
7/15/2014	\$18,219.84
8/15/2014	\$18,219.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$109,319.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22292	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-22292	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-22292	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 79 vehicles covered during 7/1/2013 to 12/31/2013		\$39.50
Auto Theft Authority Assessment for 140 vehicles covered during 1/1/2014 to 6/30/2014		\$70.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22306** MASSACHUSETTS BAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,511.29
4/15/2014	\$9,511.29
5/15/2014	\$9,511.29
6/15/2014	\$9,511.29
7/15/2014	\$9,511.29
8/15/2014	\$9,511.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$57,067.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22306	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22306	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22314** RSUI INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,153.24
4/15/2014	\$13,153.24
5/15/2014	\$13,153.24
6/15/2014	\$13,153.24
7/15/2014	\$13,153.24
8/15/2014	\$13,153.24
TOTAL INSTALLMENTS PAID IN 2014:	
	\$78,919.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22314	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22314	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22322** GREENWICH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$47,241.00
4/15/2014	\$47,241.00
5/15/2014	\$47,241.00
6/15/2014	\$47,241.00
7/15/2014	\$47,241.36
8/15/2014	\$47,241.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$283,446.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-22322	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-22322	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22322	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,850 vehicles covered during 7/1/2013 to 12/31/2013		\$1,925.00
Auto Theft Authority Assessment for 4,001 vehicles covered during 1/1/2014 to 6/30/2014		\$2,000.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22357** HARTFORD ACCIDENT AND INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,173.95
4/15/2014	\$7,173.95
5/15/2014	\$7,173.95
6/15/2014	\$7,173.95
7/15/2014	\$7,173.95
8/15/2014	\$7,173.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$43,043.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22357	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22357	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-22357	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 416 vehicles covered during 7/1/2013 to 12/31/2013		\$208.00
Auto Theft Authority Assessment for 789 vehicles covered during 1/1/2014 to 6/30/2014		\$394.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22454** MENDAKOTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22454	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22454	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22489** HIGHLANDS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22543** SECURA INSURANCE, A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$40,246.50
4/15/2014	\$40,246.50
5/15/2014	\$40,246.50
6/15/2014	\$40,246.50
7/15/2014	\$40,246.50
8/15/2014	\$40,246.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$241,479.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22543	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22543	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,511 vehicles covered during 7/1/2013 to 12/31/2013		\$1,755.50
Auto Theft Authority Assessment for 4,076 vehicles covered during 1/1/2014 to 6/30/2014		\$2,038.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22551** MITSUI SUMITOMO INSURANCE USA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,714.32
4/15/2014	\$2,714.32
5/15/2014	\$2,714.32
6/15/2014	\$2,714.32
7/15/2014	\$2,714.32
8/15/2014	\$2,714.32
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,285.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22551	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22551	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 25 vehicles covered during 7/1/2013 to 12/31/2013		\$12.50
Auto Theft Authority Assessment for 47 vehicles covered during 1/1/2014 to 6/30/2014		\$23.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22578** HORACE MANN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,257.62
4/15/2014	\$7,257.62
5/15/2014	\$7,257.62
6/15/2014	\$7,257.62
7/15/2014	\$7,257.62
8/15/2014	\$7,257.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$43,545.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22578	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22578	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,095 vehicles covered during 7/1/2013 to 12/31/2013		\$1,047.50
Auto Theft Authority Assessment for 2,616 vehicles covered during 1/1/2014 to 6/30/2014		\$1,308.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22594** MGIC ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22594	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22594	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22608** NATIONAL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,655.19
4/15/2014	\$3,655.19
5/15/2014	\$3,655.19
6/15/2014	\$3,655.19
7/15/2014	\$3,655.19
8/15/2014	\$3,655.19
TOTAL INSTALLMENTS PAID IN 2014:	
	\$21,931.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22608	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22667** ACE AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$178,449.39
4/15/2014	\$178,449.39
5/15/2014	\$178,449.39
6/15/2014	\$178,449.39
7/15/2014	\$178,449.39
8/15/2014	\$178,449.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,070,696.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-22667	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-22667	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22667	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 13,062 vehicles covered during 7/1/2013 to 12/31/2013		\$6,531.00
Auto Theft Authority Assessment for 4,950 vehicles covered during 1/1/2014 to 6/30/2014		\$2,475.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22683** TEACHERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,889.45
4/15/2014	\$6,889.45
5/15/2014	\$6,889.45
6/15/2014	\$6,889.45
7/15/2014	\$6,889.45
8/15/2014	\$6,889.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$41,336.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-22683	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-22683	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22683	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 547 vehicles covered during 7/1/2013 to 12/31/2013		\$273.50
Auto Theft Authority Assessment for 457 vehicles covered during 1/1/2014 to 6/30/2014		\$228.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22705** R&Q REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22705	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-22705	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-22705	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22713** INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22713	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22713	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-22713	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22730** ALLIED WORLD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$634.78
4/15/2014	\$634.78
5/15/2014	\$634.78
6/15/2014	\$634.78
7/15/2014	\$634.78
8/15/2014	\$634.78
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,808.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22730	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-22730	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-22730	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22748** PACIFIC EMPLOYERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22748	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22748	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-22748	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22756** HORACE MANN PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,702.81
4/15/2014	\$10,702.81
5/15/2014	\$10,702.81
6/15/2014	\$10,702.81
7/15/2014	\$10,702.81
8/15/2014	\$10,702.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$64,216.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22756	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22756	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,333 vehicles covered during 7/1/2013 to 12/31/2013		\$1,666.50
Auto Theft Authority Assessment for 3,041 vehicles covered during 1/1/2014 to 6/30/2014		\$1,520.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22772** INTEGON INDEMNITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,659.37
4/15/2014	\$4,659.37
5/15/2014	\$4,659.37
6/15/2014	\$4,659.37
7/15/2014	\$5,663.93
8/15/2014	\$5,663.93
TOTAL INSTALLMENTS PAID IN 2014:	
	\$29,965.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22772	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22772	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 7,943 vehicles covered during 7/1/2013 to 12/31/2013		\$3,971.50
Auto Theft Authority Assessment for 8,660 vehicles covered during 1/1/2014 to 6/30/2014		\$4,330.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22810** CHICAGO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22810	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22810	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22837** AGCS MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$17,243.40
4/15/2014	\$17,243.40
5/15/2014	\$17,243.40
6/15/2014	\$17,243.40
7/15/2014	\$17,243.40
8/15/2014	\$17,243.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$103,460.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22837	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22837	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22896** ACA FINANCIAL GUARANTY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22896	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22906** PERMANENT GENERAL ASSURANCE CORPORATION OF OHIO

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,831.10
4/15/2014	\$13,831.10
5/15/2014	\$13,831.10
6/15/2014	\$13,831.10
7/15/2014	\$13,831.10
8/15/2014	\$13,831.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$82,986.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22906	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22906	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 10,861 vehicles covered during 7/1/2013 to 12/31/2013		\$5,430.50
Auto Theft Authority Assessment for 9,203 vehicles covered during 1/1/2014 to 6/30/2014		\$4,601.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **22926** ECONOMY FIRE & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22926	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22926	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22950** ACSTAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$312.89
4/15/2014	\$312.89
5/15/2014	\$312.89
6/15/2014	\$312.89
7/15/2014	\$312.89
8/15/2014	\$312.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,877.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-22950	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-22950	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **22985** SEQUOIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,374.61
4/15/2014	\$2,374.61
5/15/2014	\$2,374.61
6/15/2014	\$2,374.61
7/15/2014	\$2,374.61
8/15/2014	\$2,374.61
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,247.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-22985	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-22985	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 26 vehicles covered during 7/1/2013 to 12/31/2013		\$13.00
Auto Theft Authority Assessment for 8 vehicles covered during 1/1/2014 to 6/30/2014		\$4.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23035** LIBERTY MUTUAL FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$219,190.95
4/15/2014	\$219,190.95
5/15/2014	\$219,190.95
6/15/2014	\$219,190.95
7/15/2014	\$219,190.95
8/15/2014	\$219,190.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,315,145.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23035	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23035	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-23035	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 43,670 vehicles covered during 7/1/2013 to 12/31/2013		\$21,835.00
Auto Theft Authority Assessment for 39,136 vehicles covered during 1/1/2014 to 6/30/2014		\$19,568.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23043** LIBERTY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$220,920.82
4/15/2014	\$220,920.82
5/15/2014	\$220,920.82
6/15/2014	\$220,920.82
7/15/2014	\$220,920.82
8/15/2014	\$220,920.82
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,325,524.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-23043	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-23043	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23043	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 113 vehicles covered during 7/1/2013 to 12/31/2013		\$56.50
Auto Theft Authority Assessment for 58 vehicles covered during 1/1/2014 to 6/30/2014		\$29.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23051** NEW MEXICO FOUNDATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23051	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23051	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23108** LUMBERMEN'S UNDERWRITING ALLIANCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$862.06
4/15/2014	\$862.06
5/15/2014	\$862.06
6/15/2014	\$862.06
7/15/2014	\$862.06
8/15/2014	\$862.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,172.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23108	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23108	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23132** R.V.I. AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23132	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-23132	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-23132	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23248** OCCIDENTAL FIRE & CASUALTY COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,583.54
4/15/2014	\$14,583.54
5/15/2014	\$14,583.54
6/15/2014	\$14,583.54
7/15/2014	\$14,583.54
8/15/2014	\$14,583.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$87,501.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23248	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-23248	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-23248	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 83 vehicles covered during 7/1/2013 to 12/31/2013		\$41.50
Auto Theft Authority Assessment for 82 vehicles covered during 1/1/2014 to 6/30/2014		\$41.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23264** INLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23264	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23280** CINCINNATI INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$23,474.40
4/15/2014	\$23,474.40
5/15/2014	\$23,474.40
6/15/2014	\$23,474.40
7/15/2014	\$23,474.40
8/15/2014	\$23,474.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$140,846.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23280	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23280	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23353** MERIDIAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23353	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23353	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23396** AMERISURE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$29,314.24
TOTAL INSTALLMENTS PAID IN 2014:	
	\$29,314.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23396	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23396	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 241 vehicles covered during 7/1/2013 to 12/31/2013		\$120.50
Auto Theft Authority Assessment for 1,003 vehicles covered during 1/1/2014 to 6/30/2014		\$501.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23418** MID-CONTINENT CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$528.91
4/15/2014	\$528.91
5/15/2014	\$528.91
6/15/2014	\$528.91
7/15/2014	\$528.91
8/15/2014	\$528.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,173.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23418	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23418	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2013 to 12/31/2013		\$7.00
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2014 to 6/30/2014		\$1.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23434** MIDDLESEX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$323.84
4/15/2014	\$323.84
5/15/2014	\$323.84
6/15/2014	\$323.84
7/15/2014	\$323.84
8/15/2014	\$323.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,943.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23434	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-23434	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-23434	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2013 to 12/31/2013		\$6.00
Auto Theft Authority Assessment for 87 vehicles covered during 1/1/2014 to 6/30/2014		\$43.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23442** PATRIOT GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23442	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23442	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2014 to 6/30/2014		\$0.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23450** AMERICAN FAMILY HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,282.20
4/15/2014	\$7,282.20
5/15/2014	\$7,282.20
6/15/2014	\$7,282.20
7/15/2014	\$7,282.20
8/15/2014	\$7,282.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$43,693.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23450	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23450	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 4 vehicles covered during 1/1/2014 to 6/30/2014		\$2.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23469** AMERICAN MODERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$24,402.06
4/15/2014	\$24,402.06
5/15/2014	\$24,402.06
6/15/2014	\$24,402.06
7/15/2014	\$24,402.06
8/15/2014	\$24,402.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$146,412.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-23469	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-23469	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23469	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 6,357 vehicles covered during 7/1/2013 to 12/31/2013		\$3,178.50
Auto Theft Authority Assessment for 6,577 vehicles covered during 1/1/2014 to 6/30/2014		\$3,288.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23540** MONTEREY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,867.69
4/15/2014	\$13,867.69
5/15/2014	\$13,867.69
6/15/2014	\$13,867.69
7/15/2014	\$13,867.69
8/15/2014	\$13,867.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$83,206.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23540	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23540	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,909 vehicles covered during 7/1/2013 to 12/31/2013		\$954.50
Auto Theft Authority Assessment for 1,783 vehicles covered during 1/1/2014 to 6/30/2014		\$891.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23574** MIDWEST FAMILY MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,317.00
4/15/2014	\$10,317.00
5/15/2014	\$10,317.00
6/15/2014	\$10,317.00
7/15/2014	\$10,317.00
8/15/2014	\$10,317.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$61,902.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23574	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23574	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23582** HARLEYSVILLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$518.20
4/15/2014	\$518.20
5/15/2014	\$518.20
6/15/2014	\$518.20
7/15/2014	\$518.20
8/15/2014	\$518.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,109.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23582	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23582	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23612** MIDWEST EMPLOYERS CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,696.55
4/15/2014	\$2,696.55
5/15/2014	\$2,696.55
6/15/2014	\$2,696.55
7/15/2014	\$2,696.55
8/15/2014	\$2,696.55
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,179.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-23612	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-23612	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23612	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23655** MODERN SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23655	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23655	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23663** NATIONAL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23663	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23663	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2013 to 12/31/2013		\$0.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	23671	NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23671	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23671	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23680** ODYSSEY REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-23680	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-23680	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23680	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23728** NATIONAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,829.45
4/15/2014	\$8,829.45
5/15/2014	\$8,829.45
6/15/2014	\$8,829.45
7/15/2014	\$8,829.45
8/15/2014	\$8,829.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$52,976.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23728	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23728	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 5,922 vehicles covered during 7/1/2013 to 12/31/2013		\$2,961.00
Auto Theft Authority Assessment for 13,340 vehicles covered during 1/1/2014 to 6/30/2014		\$6,670.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23736** DIRECT NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23736	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23736	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23752** QUANTA INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23752	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23752	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23779** NATIONWIDE MUTUAL FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,457.72
4/15/2014	\$6,457.72
5/15/2014	\$6,457.72
6/15/2014	\$6,457.72
7/15/2014	\$6,457.72
8/15/2014	\$6,457.72
TOTAL INSTALLMENTS PAID IN 2014:	
	\$38,746.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23779	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-23779	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-23779	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23787** NATIONWIDE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$46,752.97
4/15/2014	\$46,752.97
5/15/2014	\$46,752.97
6/15/2014	\$46,752.97
7/15/2014	\$46,752.97
8/15/2014	\$46,752.97
TOTAL INSTALLMENTS PAID IN 2014:	
	\$280,517.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23787	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23787	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-23787	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 4,783 vehicles covered during 7/1/2013 to 12/31/2013		\$2,391.50
Auto Theft Authority Assessment for 4,186 vehicles covered during 1/1/2014 to 6/30/2014		\$2,093.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23809** GRANITE STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,137.34
4/15/2014	\$1,137.34
5/15/2014	\$1,137.34
6/15/2014	\$1,137.34
7/15/2014	\$1,137.34
8/15/2014	\$1,137.34
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,824.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23809	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-23809	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-23809	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 286 vehicles covered during 7/1/2013 to 12/31/2013		\$143.00
Auto Theft Authority Assessment for 432 vehicles covered during 1/1/2014 to 6/30/2014		\$216.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23817** ILLINOIS NATIONAL INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$408.45
4/15/2014	\$408.45
5/15/2014	\$408.45
6/15/2014	\$408.45
7/15/2014	\$408.45
8/15/2014	\$408.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,450.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23817	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23817	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 265 vehicles covered during 7/1/2013 to 12/31/2013		\$132.50
Auto Theft Authority Assessment for 474 vehicles covered during 1/1/2014 to 6/30/2014		\$237.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23825** NATIONAL PUBLIC FINANCE GUARANTEE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23825	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23841** NEW HAMPSHIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,161.91
4/15/2014	\$2,161.91
5/15/2014	\$2,161.91
6/15/2014	\$2,161.91
7/15/2014	\$2,161.91
8/15/2014	\$2,161.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,971.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-23841	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-23841	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23841	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 475 vehicles covered during 7/1/2013 to 12/31/2013		\$237.50
Auto Theft Authority Assessment for 67 vehicles covered during 1/1/2014 to 6/30/2014		\$33.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **23876** MAPFRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,058.94
4/15/2014	\$15,058.94
5/15/2014	\$15,058.94
6/15/2014	\$15,058.94
7/15/2014	\$15,058.94
8/15/2014	\$15,058.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$90,353.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-23876	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-23876	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-23876	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 4,230 vehicles covered during 7/1/2013 to 12/31/2013		\$2,115.00
Auto Theft Authority Assessment for 3,802 vehicles covered during 1/1/2014 to 6/30/2014		\$1,901.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **23914** NORTHWESTERN NATIONAL INSURANCE CO. OF MILWAUKEE, WI

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-23914	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-23914	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-23914	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24015** NORTHLAND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,332.13
4/15/2014	\$14,332.13
5/15/2014	\$14,332.13
6/15/2014	\$14,332.13
7/15/2014	\$14,332.13
8/15/2014	\$14,332.13
TOTAL INSTALLMENTS PAID IN 2014:	
	\$85,992.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24015	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24015	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 45 vehicles covered during 7/1/2013 to 12/31/2013		\$22.50
Auto Theft Authority Assessment for 46 vehicles covered during 1/1/2014 to 6/30/2014		\$23.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24031** NORTHLAND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24031	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24031	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 30 vehicles covered during 7/1/2013 to 12/31/2013		\$15.00
Auto Theft Authority Assessment for 30 vehicles covered during 1/1/2014 to 6/30/2014		\$15.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24047** SURETY BONDING COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$309.31
4/15/2014	\$309.31
5/15/2014	\$309.31
6/15/2014	\$309.31
7/15/2014	\$309.31
8/15/2014	\$309.31
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,855.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24047	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24047	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24066** AMERICAN FIRE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,718.30
4/15/2014	\$2,718.30
5/15/2014	\$2,718.30
6/15/2014	\$2,718.30
7/15/2014	\$2,718.30
8/15/2014	\$2,718.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,309.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24066	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24066	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 410 vehicles covered during 7/1/2013 to 12/31/2013		\$205.00
Auto Theft Authority Assessment for 337 vehicles covered during 1/1/2014 to 6/30/2014		\$168.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24074** OHIO CASUALTY INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,479.28
4/15/2014	\$15,479.28
5/15/2014	\$15,479.28
6/15/2014	\$15,479.28
7/15/2014	\$15,479.28
8/15/2014	\$15,479.28
TOTAL INSTALLMENTS PAID IN 2014:	
	\$92,875.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24074	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24074	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24074	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 104 vehicles covered during 7/1/2013 to 12/31/2013		\$52.00
Auto Theft Authority Assessment for 94 vehicles covered during 1/1/2014 to 6/30/2014		\$47.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24082** OHIO SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$58,861.32
4/15/2014	\$58,861.32
5/15/2014	\$58,861.32
6/15/2014	\$58,861.32
7/15/2014	\$58,861.32
8/15/2014	\$58,861.32
TOTAL INSTALLMENTS PAID IN 2014:	
	\$353,167.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24082	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24082	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 4,258 vehicles covered during 7/1/2013 to 12/31/2013		\$2,129.00
Auto Theft Authority Assessment for 5,258 vehicles covered during 1/1/2014 to 6/30/2014		\$2,629.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24104** OHIO FARMERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24104	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24104	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24104	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 6 vehicles covered during 1/1/2014 to 6/30/2014		\$3.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24112** WESTFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$57,010.14
4/15/2014	\$57,010.14
5/15/2014	\$57,010.14
6/15/2014	\$57,010.14
7/15/2014	\$57,010.14
8/15/2014	\$57,010.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$342,060.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-24112	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-24112	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24112	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,975 vehicles covered during 7/1/2013 to 12/31/2013		\$1,987.50
Auto Theft Authority Assessment for 3,810 vehicles covered during 1/1/2014 to 6/30/2014		\$1,905.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24120** WESTFIELD NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24120	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24120	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 423 vehicles covered during 1/1/2014 to 6/30/2014		\$211.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24139** OLD REPUBLIC GENERAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,756.87
4/15/2014	\$6,756.87
5/15/2014	\$6,756.87
6/15/2014	\$6,756.87
7/15/2014	\$6,756.87
8/15/2014	\$6,756.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$40,541.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-24139	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24139	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24139	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 480 vehicles covered during 7/1/2013 to 12/31/2013		\$240.00
Auto Theft Authority Assessment for 480 vehicles covered during 1/1/2014 to 6/30/2014		\$240.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24147** OLD REPUBLIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$38,083.77
4/15/2014	\$38,083.77
5/15/2014	\$38,083.77
6/15/2014	\$38,083.77
7/15/2014	\$38,083.77
8/15/2014	\$38,083.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$228,502.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-24147	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24147	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24147	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 13,374 vehicles covered during 7/1/2013 to 12/31/2013		\$6,687.00
Auto Theft Authority Assessment for 9,336 vehicles covered during 1/1/2014 to 6/30/2014		\$4,668.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24171** NETHERLANDS INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24171	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24171	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24198** PEERLESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24198	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-24198	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24198	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24201** FARMERS AUTOMOBILE INSURANCE ASSOCIATION, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24201	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24201	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 11,774 vehicles covered during 7/1/2013 to 12/31/2013		\$5,887.00
Auto Theft Authority Assessment for 17,389 vehicles covered during 1/1/2014 to 6/30/2014		\$8,694.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24228** PEKIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$70,874.41
4/15/2014	\$70,874.41
5/15/2014	\$70,874.41
6/15/2014	\$70,874.41
7/15/2014	\$70,874.41
8/15/2014	\$70,874.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$425,246.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24228	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24228	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,585 vehicles covered during 7/1/2013 to 12/31/2013		\$1,292.50
Auto Theft Authority Assessment for 3,024 vehicles covered during 1/1/2014 to 6/30/2014		\$1,512.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24260** PROGRESSIVE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$79,396.71
4/15/2014	\$79,396.71
5/15/2014	\$79,396.71
6/15/2014	\$79,396.71
7/15/2014	\$79,396.71
8/15/2014	\$79,396.71
TOTAL INSTALLMENTS PAID IN 2014:	
	\$476,380.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24260	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24260	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 37,744 vehicles covered during 7/1/2013 to 12/31/2013		\$18,872.00
Auto Theft Authority Assessment for 37,241 vehicles covered during 1/1/2014 to 6/30/2014		\$18,620.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24279** PROGRESSIVE MAX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24279	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24279	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24295** PROVIDENCE WASHINGTON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24295	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24295	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24325** YORK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24350** TRIAD GUARANTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,288.17
4/15/2014	\$5,288.17
5/15/2014	\$5,288.17
6/15/2014	\$5,288.17
7/15/2014	\$5,288.17
8/15/2014	\$5,288.17
TOTAL INSTALLMENTS PAID IN 2014:	
	\$31,729.02

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24376** WOODRIDGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24376	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24376	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24376	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24384** FAIRMONT SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24384	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24384	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-24384	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24414** GENERAL CASUALTY COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,972.82
4/15/2014	\$2,972.82
5/15/2014	\$2,972.82
6/15/2014	\$2,972.82
7/15/2014	\$2,972.82
8/15/2014	\$2,972.82
TOTAL INSTALLMENTS PAID IN 2014:	
	\$17,836.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24414	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24414	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 95 vehicles covered during 7/1/2013 to 12/31/2013		\$47.50
Auto Theft Authority Assessment for 115 vehicles covered during 1/1/2014 to 6/30/2014		\$57.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24449** REGENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$528.38
4/15/2014	\$528.38
5/15/2014	\$528.38
6/15/2014	\$528.38
7/15/2014	\$528.38
8/15/2014	\$528.38
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,170.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-24449	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24449	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24449	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 58 vehicles covered during 7/1/2013 to 12/31/2013		\$29.00
Auto Theft Authority Assessment for 108 vehicles covered during 1/1/2014 to 6/30/2014		\$54.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24465** WESTERN NATIONAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24465	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-24465	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24465	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24503** CATLIN INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,962.06
4/15/2014	\$4,962.06
5/15/2014	\$4,962.06
6/15/2014	\$4,962.06
7/15/2014	\$4,962.06
8/15/2014	\$4,962.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$29,772.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24503	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24503	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24503	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 164 vehicles covered during 7/1/2013 to 12/31/2013		\$82.00
Auto Theft Authority Assessment for 141 vehicles covered during 1/1/2014 to 6/30/2014		\$70.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24538** REPUBLIC UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24538	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24538	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24538	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24554** XL INSURANCE AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,940.39
4/15/2014	\$20,940.39
5/15/2014	\$20,940.39
6/15/2014	\$20,940.39
7/15/2014	\$20,940.39
8/15/2014	\$20,940.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$125,642.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24554	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24554	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 730 vehicles covered during 7/1/2013 to 12/31/2013		\$365.00
Auto Theft Authority Assessment for 965 vehicles covered during 1/1/2014 to 6/30/2014		\$482.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24678** ARROWOOD INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24678	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24678	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24678	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24724** FIRST NATIONAL INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$801.61
4/15/2014	\$801.61
5/15/2014	\$801.61
6/15/2014	\$801.61
7/15/2014	\$801.61
8/15/2014	\$801.61
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,809.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24724	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24724	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 40 vehicles covered during 7/1/2013 to 12/31/2013		\$20.00
Auto Theft Authority Assessment for 46 vehicles covered during 1/1/2014 to 6/30/2014		\$23.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24732** GENERAL INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,388.43
4/15/2014	\$3,388.43
5/15/2014	\$3,388.43
6/15/2014	\$3,388.43
7/15/2014	\$3,388.43
8/15/2014	\$3,388.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,330.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24732	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-24732	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24732	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 340 vehicles covered during 7/1/2013 to 12/31/2013		\$170.00
Auto Theft Authority Assessment for 279 vehicles covered during 1/1/2014 to 6/30/2014		\$139.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24740** SAFECO INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$408,113.70
4/15/2014	\$408,113.70
5/15/2014	\$408,113.70
6/15/2014	\$408,113.70
7/15/2014	\$408,113.70
8/15/2014	\$408,113.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,448,682.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-24740	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-24740	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24740	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 108,572 vehicles covered during 7/1/2013 to 12/31/2013		\$54,286.00
Auto Theft Authority Assessment for 116,095 vehicles covered during 1/1/2014 to 6/30/2014		\$58,047.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24759** SAFECO NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24759	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-24759	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24767** ST. PAUL FIRE AND MARINE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$21,175.36
4/15/2014	\$21,175.36
5/15/2014	\$21,175.36
6/15/2014	\$21,175.36
7/15/2014	\$21,175.36
8/15/2014	\$21,175.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$127,052.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-24767	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-24767	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24767	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 411 vehicles covered during 7/1/2013 to 12/31/2013		\$205.50
Auto Theft Authority Assessment for 572 vehicles covered during 1/1/2014 to 6/30/2014		\$286.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24775** ST. PAUL GUARDIAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24775	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-24775	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-24775	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 82 vehicles covered during 7/1/2013 to 12/31/2013		\$41.00
Auto Theft Authority Assessment for 69 vehicles covered during 1/1/2014 to 6/30/2014		\$34.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24791** ST. PAUL MERCURY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,745.03
4/15/2014	\$2,745.03
5/15/2014	\$2,745.03
6/15/2014	\$2,745.03
7/15/2014	\$2,745.03
8/15/2014	\$2,745.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,470.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-24791	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24791	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24791	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 88 vehicles covered during 7/1/2013 to 12/31/2013		\$44.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24813** BALBOA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$417.90
4/15/2014	\$417.90
5/15/2014	\$417.90
6/15/2014	\$417.90
7/15/2014	\$417.90
8/15/2014	\$417.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,507.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-24813	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-24813	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24813	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 196 vehicles covered during 7/1/2013 to 12/31/2013		\$98.00
Auto Theft Authority Assessment for 111 vehicles covered during 1/1/2014 to 6/30/2014		\$55.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24821** MERITPLAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24821	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24821	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-24821	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24848** NEWPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

Auto Theft Authority Assessment for 39 vehicles covered during 7/1/2013 to 12/31/2013	\$19.50
Auto Theft Authority Assessment for 42 vehicles covered during 1/1/2014 to 6/30/2014	\$21.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24899** ALEA NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24899	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24899	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **24961** EVERSPAN FINANCIAL GUARANTEE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24961	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **24988** SENTRY INSURANCE A MUTUAL COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$77,855.87
4/15/2014	\$77,855.87
5/15/2014	\$77,855.87
6/15/2014	\$77,855.87
7/15/2014	\$77,855.87
8/15/2014	\$77,855.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$467,135.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-24988	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-24988	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-24988	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 40,674 vehicles covered during 7/1/2013 to 12/31/2013		\$20,337.00
Auto Theft Authority Assessment for 49,527 vehicles covered during 1/1/2014 to 6/30/2014		\$24,763.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25011** WESCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,524.43
4/15/2014	\$16,524.43
5/15/2014	\$16,524.43
6/15/2014	\$16,524.43
7/15/2014	\$16,524.43
8/15/2014	\$16,524.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$99,146.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25011	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25011	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-25011	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,298 vehicles covered during 7/1/2013 to 12/31/2013		\$1,149.00
Auto Theft Authority Assessment for 2,191 vehicles covered during 1/1/2014 to 6/30/2014		\$1,095.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25054** HUDSON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,631.80
4/15/2014	\$13,631.80
5/15/2014	\$13,631.80
6/15/2014	\$13,631.80
7/15/2014	\$13,631.80
8/15/2014	\$13,631.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$81,790.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25054	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25054	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-25054	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 51 vehicles covered during 7/1/2013 to 12/31/2013		\$25.50
Auto Theft Authority Assessment for 73 vehicles covered during 1/1/2014 to 6/30/2014		\$36.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25070** CLEARWATER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25070	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25070	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25070	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25089** COAST NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$121,810.46
4/15/2014	\$121,810.46
5/15/2014	\$121,810.46
6/15/2014	\$121,810.46
7/15/2014	\$121,810.46
8/15/2014	\$121,810.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$730,862.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25089	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25089	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 50,542 vehicles covered during 7/1/2013 to 12/31/2013		\$25,271.00
Auto Theft Authority Assessment for 44,591 vehicles covered during 1/1/2014 to 6/30/2014		\$22,295.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25127** STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$30,927.54
4/15/2014	\$30,927.54
5/15/2014	\$30,927.54
6/15/2014	\$30,927.54
7/15/2014	\$30,927.54
8/15/2014	\$30,927.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$185,565.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25127	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25127	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,931 vehicles covered during 7/1/2013 to 12/31/2013		\$1,465.50
Auto Theft Authority Assessment for 2,888 vehicles covered during 1/1/2014 to 6/30/2014		\$1,444.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25135** STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,878.03
4/15/2014	\$6,878.03
5/15/2014	\$6,878.03
6/15/2014	\$6,878.03
7/15/2014	\$6,878.03
8/15/2014	\$6,878.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$41,268.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25135	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25135	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 204 vehicles covered during 7/1/2013 to 12/31/2013		\$102.00
Auto Theft Authority Assessment for 135 vehicles covered during 1/1/2014 to 6/30/2014		\$67.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25143** STATE FARM FIRE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,270,151.20
4/15/2014	\$1,270,151.20
5/15/2014	\$1,270,151.20
6/15/2014	\$1,270,151.20
7/15/2014	\$1,270,151.20
8/15/2014	\$1,270,151.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,620,907.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-25143	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-25143	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25143	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 74,651 vehicles covered during 7/1/2013 to 12/31/2013		\$37,325.50
Auto Theft Authority Assessment for 76,672 vehicles covered during 1/1/2014 to 6/30/2014		\$38,336.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25151** STATE FARM GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25151	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25151	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25151	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25178** STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,068,050.46
4/15/2014	\$2,068,050.46
5/15/2014	\$2,068,050.46
6/15/2014	\$2,068,050.46
7/15/2014	\$2,068,050.46
8/15/2014	\$2,068,050.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,408,302.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25178	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-25178	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-25178	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 785,361 vehicles covered during 7/1/2013 to 12/31/2013		\$392,680.50
Auto Theft Authority Assessment for 796,565 vehicles covered during 1/1/2014 to 6/30/2014		\$398,282.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25180** STILLWATER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$44,987.40
4/15/2014	\$44,987.40
5/15/2014	\$44,987.00
6/15/2014	\$44,987.40
7/15/2014	\$44,987.40
8/15/2014	\$44,987.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$269,924.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25180	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 531 vehicles covered during 7/1/2013 to 12/31/2013		\$265.50
Auto Theft Authority Assessment for 1,197 vehicles covered during 1/1/2014 to 6/30/2014		\$598.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25186** EMC PROPERTY & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25186	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25186	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25224** GREAT DIVIDE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00
Auto Theft Authority Assessment for 20 vehicles covered during 1/1/2014 to 6/30/2014		\$10.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25232** 21ST CENTURY ADVANTAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$86,243.96
4/15/2014	\$86,243.96
5/15/2014	\$86,243.96
6/15/2014	\$86,243.96
7/15/2014	\$86,243.96
8/15/2014	\$86,243.96
TOTAL INSTALLMENTS PAID IN 2014:	
	\$517,463.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-25232	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 44,345 vehicles covered during 7/1/2013 to 12/31/2013		\$22,172.50
Auto Theft Authority Assessment for 38,154 vehicles covered during 1/1/2014 to 6/30/2014		\$19,077.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25240** NAU COUNTRY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,288.16
4/15/2014	\$1,288.16
5/15/2014	\$1,288.16
6/15/2014	\$1,288.16
7/15/2014	\$1,288.16
8/15/2014	\$1,288.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,728.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25240	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25240	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25321** METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,826.39
4/15/2014	\$2,826.39
5/15/2014	\$2,826.39
6/15/2014	\$2,826.39
7/15/2014	\$2,826.39
8/15/2014	\$2,826.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,958.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25321	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25321	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 755 vehicles covered during 7/1/2013 to 12/31/2013		\$377.50
Auto Theft Authority Assessment for 714 vehicles covered during 1/1/2014 to 6/30/2014		\$357.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25364** SWISS REINSURANCE AMERICA CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25364	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25364	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-25364	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25402** EMPLOYERS ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25402	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25402	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25405** SAFE AUTO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$42,673.36
4/15/2014	\$42,673.36
5/15/2014	\$42,673.36
6/15/2014	\$42,673.36
7/15/2014	\$42,673.36
8/15/2014	\$42,673.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$256,040.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25405	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25405	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 21,159 vehicles covered during 7/1/2013 to 12/31/2013		\$10,579.50
Auto Theft Authority Assessment for 19,153 vehicles covered during 1/1/2014 to 6/30/2014		\$9,576.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25422** ATRADIUS TRADE CREDIT INSURANCE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,302.58
4/15/2014	\$3,302.58
5/15/2014	\$3,302.58
6/15/2014	\$3,302.58
7/15/2014	\$3,302.58
8/15/2014	\$3,302.58
TOTAL INSTALLMENTS PAID IN 2014:	
	\$19,815.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25422	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25422	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25445** IRONSHORE SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,938.71
4/15/2014	\$4,938.71
5/15/2014	\$4,938.71
6/15/2014	\$4,938.71
7/15/2014	\$4,938.71
8/15/2014	\$4,938.71
TOTAL INSTALLMENTS PAID IN 2014:	
	\$29,632.26

Auto Theft Authority Assessment for 542 vehicles covered during 7/1/2013 to 12/31/2013	\$271.00
Auto Theft Authority Assessment for 1,097 vehicles covered during 1/1/2014 to 6/30/2014	\$548.50

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25448** AMERICAN SAFETY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25453** NATIONWIDE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$85,076.69
4/15/2014	\$85,076.69
5/15/2014	\$85,076.69
6/15/2014	\$85,076.69
7/15/2014	\$85,076.69
8/15/2014	\$85,076.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$510,460.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25453	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 20,140 vehicles covered during 7/1/2013 to 12/31/2013		\$10,070.00
Auto Theft Authority Assessment for 18,943 vehicles covered during 1/1/2014 to 6/30/2014		\$9,471.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25496** TORUS NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,381.50
4/15/2014	\$3,946.62
5/15/2014	\$3,946.62
6/15/2014	\$3,946.62
7/15/2014	\$3,946.62
8/15/2014	\$3,946.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,114.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25496	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25496	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25496	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25518** FAIRMONT PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25518	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25518	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25518	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25534** TIG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25534	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25534	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-25534	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25550** INDEMNITY COMPANY OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25550	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25585** PROFESSIONALS DIRECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25585	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25585	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25615** CHARTER OAK FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$46,440.85
4/15/2014	\$46,440.85
5/15/2014	\$46,440.85
6/15/2014	\$46,440.85
7/15/2014	\$46,440.85
8/15/2014	\$46,440.85
TOTAL INSTALLMENTS PAID IN 2014:	
	\$278,645.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25615	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25615	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,405 vehicles covered during 7/1/2013 to 12/31/2013		\$702.50
Auto Theft Authority Assessment for 826 vehicles covered during 1/1/2014 to 6/30/2014		\$413.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25623** PHOENIX INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$21,078.67
4/15/2014	\$21,078.68
5/15/2014	\$21,078.67
6/15/2014	\$21,078.67
7/15/2014	\$21,078.67
8/15/2014	\$21,078.67
TOTAL INSTALLMENTS PAID IN 2014:	
	\$126,472.03

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25623	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25623	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 209 vehicles covered during 7/1/2013 to 12/31/2013		\$104.50
Auto Theft Authority Assessment for 184 vehicles covered during 1/1/2014 to 6/30/2014		\$92.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25658** TRAVELERS INDEMNITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$85,057.46
4/15/2014	\$85,057.46
5/15/2014	\$85,057.46
6/15/2014	\$85,057.46
7/15/2014	\$85,057.46
8/15/2014	\$85,057.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$510,344.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-25658	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-25658	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25658	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,275 vehicles covered during 7/1/2013 to 12/31/2013		\$637.50
Auto Theft Authority Assessment for 760 vehicles covered during 1/1/2014 to 6/30/2014		\$380.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25666** TRAVELERS INDEMNITY COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$32,031.06
4/15/2014	\$32,031.06
5/15/2014	\$32,031.06
6/15/2014	\$32,031.06
7/15/2014	\$32,031.06
8/15/2014	\$32,031.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$192,186.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25666	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25666	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 110 vehicles covered during 7/1/2013 to 12/31/2013		\$55.00
Auto Theft Authority Assessment for 61 vehicles covered during 1/1/2014 to 6/30/2014		\$30.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25674** TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$131,646.08
4/15/2014	\$131,646.08
5/15/2014	\$131,646.08
6/15/2014	\$131,646.08
7/15/2014	\$131,646.08
8/15/2014	\$131,646.08
TOTAL INSTALLMENTS PAID IN 2014:	
	\$789,876.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25674	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25674	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 7,647 vehicles covered during 7/1/2013 to 12/31/2013		\$3,823.50
Auto Theft Authority Assessment for 4,822 vehicles covered during 1/1/2014 to 6/30/2014		\$2,411.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25682** TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,769.24
4/15/2014	\$16,769.24
5/15/2014	\$16,769.24
6/15/2014	\$16,769.24
7/15/2014	\$16,769.24
8/15/2014	\$16,769.24
TOTAL INSTALLMENTS PAID IN 2014:	
	\$100,615.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25682	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25682	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-25682	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 70 vehicles covered during 7/1/2013 to 12/31/2013		\$35.00
Auto Theft Authority Assessment for 56 vehicles covered during 1/1/2014 to 6/30/2014		\$28.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25712** ESURANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,204.30
4/15/2014	\$8,204.30
5/15/2014	\$8,204.30
6/15/2014	\$8,204.30
7/15/2014	\$8,204.30
8/15/2014	\$8,204.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$49,225.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25712	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25712	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,223 vehicles covered during 7/1/2013 to 12/31/2013		\$1,111.50
Auto Theft Authority Assessment for 2,033 vehicles covered during 1/1/2014 to 6/30/2014		\$1,016.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25747** UNIGARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,579.77
4/15/2014	\$16,579.77
5/15/2014	\$16,579.77
6/15/2014	\$16,579.77
7/15/2014	\$16,579.77
8/15/2014	\$16,579.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$99,478.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25747	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25747	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-25747	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 276 vehicles covered during 7/1/2013 to 12/31/2013		\$138.00
Auto Theft Authority Assessment for 276 vehicles covered during 1/1/2014 to 6/30/2014		\$138.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25755** PEACHTREE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25755	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25755	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25763** SEATON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25763	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25763	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25763	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25771** CIFG ASSURANCE NORTH AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25771	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25780** WILLIAMSBURG NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,653.06
4/15/2014	\$1,653.06
5/15/2014	\$1,653.06
6/15/2014	\$1,653.06
7/15/2014	\$1,653.06
8/15/2014	\$1,653.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,918.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25780	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25780	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25798** UNIGARD INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25798	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25798	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25844** UNION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,824.40
4/15/2014	\$13,824.40
5/15/2014	\$13,824.40
6/15/2014	\$13,824.40
7/15/2014	\$13,824.40
8/15/2014	\$13,824.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$82,946.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25844	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25844	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,054 vehicles covered during 7/1/2013 to 12/31/2013		\$1,027.00
Auto Theft Authority Assessment for 2,063 vehicles covered during 1/1/2014 to 6/30/2014		\$1,031.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25879** FIDELITY AND GUARANTY INSURANCE UNDERWRITERS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-25879	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-25879	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25879	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25887** UNITED STATES FIDELITY AND GUARANTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-25887	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-25887	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25895** UNITED STATES LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,996.78
4/15/2014	\$12,996.78
5/15/2014	\$12,996.78
6/15/2014	\$12,996.78
7/15/2014	\$12,996.78
8/15/2014	\$12,996.78
TOTAL INSTALLMENTS PAID IN 2014:	
	\$77,980.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25895	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 67 vehicles covered during 7/1/2013 to 12/31/2013		\$33.50
Auto Theft Authority Assessment for 65 vehicles covered during 1/1/2014 to 6/30/2014		\$32.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **25933** UNIVERSAL SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25933	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25941** UNITED SERVICES AUTOMOBILE ASSOCIATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$451,389.15
4/15/2014	\$451,389.15
5/15/2014	\$451,389.15
6/15/2014	\$451,389.15
7/15/2014	\$451,389.15
8/15/2014	\$451,389.15
TOTAL INSTALLMENTS PAID IN 2014:	
\$2,708,334.90	

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25941	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-25941	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 150,095 vehicles covered during 7/1/2013 to 12/31/2013		\$75,047.50
Auto Theft Authority Assessment for 149,512 vehicles covered during 1/1/2014 to 6/30/2014		\$74,756.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25968** USAA CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$442,127.99
4/15/2014	\$442,127.99
5/15/2014	\$442,127.99
6/15/2014	\$442,127.99
7/15/2014	\$442,127.99
8/15/2014	\$442,127.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,652,767.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-25968	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-25968	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 120,908 vehicles covered during 7/1/2013 to 12/31/2013		\$60,454.00
Auto Theft Authority Assessment for 121,947 vehicles covered during 1/1/2014 to 6/30/2014		\$60,973.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **25976** UTICA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$368.05
4/15/2014	\$368.05
5/15/2014	\$368.05
6/15/2014	\$368.05
7/15/2014	\$368.05
8/15/2014	\$368.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,208.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-25976	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-25976	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-25976	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26042** WAUSAU UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,795.31
4/15/2014	\$6,795.31
5/15/2014	\$6,795.31
6/15/2014	\$6,795.31
7/15/2014	\$6,795.31
8/15/2014	\$6,795.31
TOTAL INSTALLMENTS PAID IN 2014:	
	\$40,771.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26042	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26042	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-26042	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 1,802 vehicles covered during 7/1/2013 to 12/31/2013		\$901.00
Auto Theft Authority Assessment for 367 vehicles covered during 1/1/2014 to 6/30/2014		\$183.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26050** RESPONSE WORLDWIDE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26069** WAUSAU BUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26069	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26069	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 499 vehicles covered during 7/1/2013 to 12/31/2013		\$249.50
Auto Theft Authority Assessment for 9 vehicles covered during 1/1/2014 to 6/30/2014		\$4.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26077** LANCER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,679.55
4/15/2014	\$15,679.55
5/15/2014	\$15,679.55
6/15/2014	\$15,679.55
7/15/2014	\$15,679.55
8/15/2014	\$15,679.55
TOTAL INSTALLMENTS PAID IN 2014:	
	\$94,077.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26077	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26077	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 939 vehicles covered during 7/1/2013 to 12/31/2013		\$469.50
Auto Theft Authority Assessment for 1,109 vehicles covered during 1/1/2014 to 6/30/2014		\$554.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26085** WARNER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,222.29
4/15/2014	\$1,222.29
5/15/2014	\$1,222.29
6/15/2014	\$1,222.29
7/15/2014	\$1,222.29
8/15/2014	\$1,222.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,333.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26085	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26085	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 178 vehicles covered during 7/1/2013 to 12/31/2013		\$89.00
Auto Theft Authority Assessment for 36 vehicles covered during 1/1/2014 to 6/30/2014		\$18.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26093** NATIONWIDE AFFINITY INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$58,932.09
4/15/2014	\$58,932.09
5/15/2014	\$58,932.09
6/15/2014	\$58,932.09
7/15/2014	\$58,932.09
8/15/2014	\$58,932.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$353,592.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-26093	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-26093	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26093	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 15,254 vehicles covered during 7/1/2013 to 12/31/2013		\$7,627.00
Auto Theft Authority Assessment for 17,766 vehicles covered during 1/1/2014 to 6/30/2014		\$8,883.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26220** YOSEMITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,107.43
4/15/2014	\$2,107.43
5/15/2014	\$2,107.43
6/15/2014	\$2,107.43
7/15/2014	\$2,107.43
8/15/2014	\$2,107.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,644.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26220	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-26220	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-26220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26247** AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$47,679.36
4/15/2014	\$47,679.36
5/15/2014	\$47,679.36
6/15/2014	\$47,679.36
7/15/2014	\$47,679.36
8/15/2014	\$47,679.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$286,076.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26247	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26247	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-26247	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 649 vehicles covered during 7/1/2013 to 12/31/2013		\$324.50
Auto Theft Authority Assessment for 550 vehicles covered during 1/1/2014 to 6/30/2014		\$275.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26257** MUTUAL RISK RETENTION GROUP, INC. (THE)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,880.00
4/15/2014	\$1,880.00
5/15/2014	\$1,880.00
6/15/2014	\$1,880.00
7/15/2014	\$1,880.00
8/15/2014	\$1,880.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,280.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26298** METROPOLITAN PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$91,489.90
4/15/2014	\$91,489.90
5/15/2014	\$91,489.90
6/15/2014	\$91,489.90
7/15/2014	\$91,489.90
8/15/2014	\$91,489.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$548,939.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26298	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26298	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 42 vehicles covered during 7/1/2013 to 12/31/2013		\$21.00
Auto Theft Authority Assessment for 39 vehicles covered during 1/1/2014 to 6/30/2014		\$19.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26310** GRANITE RE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$306.65
4/15/2014	\$306.65
5/15/2014	\$306.65
6/15/2014	\$306.65
7/15/2014	\$306.65
8/15/2014	\$306.65
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,839.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26310	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26344** GREAT AMERICAN ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,258.35
4/15/2014	\$22,258.35
5/15/2014	\$22,258.35
6/15/2014	\$22,258.35
7/15/2014	\$22,258.35
8/15/2014	\$22,258.35
TOTAL INSTALLMENTS PAID IN 2014:	
	\$133,550.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26344	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26344	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 504 vehicles covered during 7/1/2013 to 12/31/2013		\$252.00
Auto Theft Authority Assessment for 98 vehicles covered during 1/1/2014 to 6/30/2014		\$49.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26379** ACCREDITED SURETY AND CASUALTY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$404.27
4/15/2014	\$404.27
5/15/2014	\$404.27
6/15/2014	\$404.27
7/15/2014	\$404.27
8/15/2014	\$404.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,425.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26379	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26379	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26395** WESTERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26395	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26395	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26433** HARCO NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,173.50
4/15/2014	\$1,173.50
5/15/2014	\$1,173.50
6/15/2014	\$1,173.50
7/15/2014	\$1,173.50
8/15/2014	\$1,173.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,041.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26433	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26433	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 6 vehicles covered during 7/1/2013 to 12/31/2013		\$3.00
Auto Theft Authority Assessment for 13 vehicles covered during 1/1/2014 to 6/30/2014		\$6.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26492** COURTESY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,673.45
4/15/2014	\$1,673.45
5/15/2014	\$1,673.45
6/15/2014	\$1,673.45
7/15/2014	\$1,673.45
8/15/2014	\$1,673.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,040.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26492	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26492	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26565** OHIO INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,126.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,126.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26565	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26565	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26581** INDEPENDENCE AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,632.13
4/15/2014	\$9,632.13
5/15/2014	\$9,632.13
6/15/2014	\$9,632.13
7/15/2014	\$9,632.13
8/15/2014	\$9,632.13
TOTAL INSTALLMENTS PAID IN 2014:	
	\$57,792.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-26581	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-26581	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26581	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26611** VALIANT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-26611	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-26611	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26611	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26654** GREAT NORTHWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$605.19
4/15/2014	\$605.19
5/15/2014	\$605.19
6/15/2014	\$605.19
7/15/2014	\$605.19
8/15/2014	\$605.19
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,631.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26654	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26654	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 287 vehicles covered during 7/1/2013 to 12/31/2013		\$143.50
Auto Theft Authority Assessment for 159 vehicles covered during 1/1/2014 to 6/30/2014		\$79.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26662** MILWAUKEE CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,355.45
4/15/2014	\$1,355.45
5/15/2014	\$1,355.45
6/15/2014	\$1,355.45
7/15/2014	\$1,355.45
8/15/2014	\$1,355.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,132.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26662	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26662	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 158 vehicles covered during 7/1/2013 to 12/31/2013		\$79.00
Auto Theft Authority Assessment for 204 vehicles covered during 1/1/2014 to 6/30/2014		\$102.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26697** CASUALTY UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26697	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26697	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26700** INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-26700	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-26700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26794** PLANS' LIABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26794	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26794	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26797** HOUSING AUTHORITY RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$317.39
4/15/2014	\$317.39
5/15/2014	\$317.39
6/15/2014	\$317.39
7/15/2014	\$317.39
8/15/2014	\$317.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,904.34

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26832** GREAT AMERICAN ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,962.50
4/15/2014	\$2,962.50
5/15/2014	\$2,962.50
6/15/2014	\$2,962.50
7/15/2014	\$2,962.50
8/15/2014	\$2,962.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$17,775.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-26832	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26832	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 22 vehicles covered during 7/1/2013 to 12/31/2013		\$11.00
Auto Theft Authority Assessment for 22 vehicles covered during 1/1/2014 to 6/30/2014		\$11.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26905** CENTURY-NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$28,675.22
4/15/2014	\$28,675.22
5/15/2014	\$28,675.22
6/15/2014	\$28,675.22
7/15/2014	\$28,675.22
8/15/2014	\$28,675.22
TOTAL INSTALLMENTS PAID IN 2014:	
	\$172,051.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26905	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-26905	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 679 vehicles covered during 7/1/2013 to 12/31/2013		\$339.50
Auto Theft Authority Assessment for 463 vehicles covered during 1/1/2014 to 6/30/2014		\$231.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **26921** EVEREST REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,337.59
4/15/2014	\$3,337.59
5/15/2014	\$3,337.59
6/15/2014	\$3,337.59
7/15/2014	\$3,337.59
8/15/2014	\$3,337.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,025.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-26921	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-26921	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-26921	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **26999** UNITED GUARANTY MORTGAGE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-26999	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27081** BOND SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,682.48
4/15/2014	\$1,682.48
5/15/2014	\$1,682.48
6/15/2014	\$1,682.48
7/15/2014	\$1,682.48
8/15/2014	\$1,682.48
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,094.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27081	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27090** YOUNG AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$25,996.23
4/15/2014	\$25,996.23
5/15/2014	\$25,996.23
6/15/2014	\$25,996.23
7/15/2014	\$25,996.23
8/15/2014	\$25,996.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$155,977.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27090	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27090	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 18,899 vehicles covered during 7/1/2013 to 12/31/2013		\$9,449.50
Auto Theft Authority Assessment for 22,894 vehicles covered during 1/1/2014 to 6/30/2014		\$11,447.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27120** TRUMBULL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$184,429.70
4/15/2014	\$184,429.70
5/15/2014	\$184,429.70
6/15/2014	\$184,429.70
7/15/2014	\$184,429.70
8/15/2014	\$184,429.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,106,578.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-27120	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-27120	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 67,735 vehicles covered during 7/1/2013 to 12/31/2013		\$33,867.50
Auto Theft Authority Assessment for 72,680 vehicles covered during 1/1/2014 to 6/30/2014		\$36,340.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27138** MIDVALE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27138	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-27138	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-27138	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27154** ATLANTIC SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$43,557.68
4/15/2014	\$43,557.68
5/15/2014	\$43,557.68
6/15/2014	\$43,557.68
7/15/2014	\$43,557.68
8/15/2014	\$43,557.68
TOTAL INSTALLMENTS PAID IN 2014:	
	\$261,346.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-27154	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-27154	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-27154	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 180 vehicles covered during 7/1/2013 to 12/31/2013		\$90.00
Auto Theft Authority Assessment for 572 vehicles covered during 1/1/2014 to 6/30/2014		\$286.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27251** PMI MORTGAGE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$19,730.31
4/15/2014	\$19,730.31
5/15/2014	\$19,730.31
6/15/2014	\$19,730.31
7/15/2014	\$19,730.31
8/15/2014	\$19,730.31
TOTAL INSTALLMENTS PAID IN 2014:	
	\$118,381.86

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27464** CALIFORNIA CASUALTY & FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-27464	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-27464	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27499** SOUTHWEST GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,742.74
4/15/2014	\$1,742.74
5/15/2014	\$1,742.74
6/15/2014	\$1,742.74
7/15/2014	\$1,742.74
8/15/2014	\$1,742.74
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,456.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 151 vehicles covered during 7/1/2013 to 12/31/2013		\$75.50
Auto Theft Authority Assessment for 187 vehicles covered during 1/1/2014 to 6/30/2014		\$93.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27502** WESTERN GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,734.62
4/15/2014	\$11,734.62
5/15/2014	\$11,734.62
6/15/2014	\$11,734.62
7/15/2014	\$11,734.62
8/15/2014	\$11,734.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$70,407.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27502	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27502	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 7,349 vehicles covered during 7/1/2013 to 12/31/2013		\$3,674.50
Auto Theft Authority Assessment for 5,629 vehicles covered during 1/1/2014 to 6/30/2014		\$2,814.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27626** FIRSTCOMP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27626	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27626	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27740** NORTH POINTE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$422.63
4/15/2014	\$422.63
5/15/2014	\$422.63
6/15/2014	\$422.63
7/15/2014	\$422.63
8/15/2014	\$422.63
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,535.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27740	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27740	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27804** PROGRESSIVE WEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27804	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27804	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27812** COLUMBIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-27812	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-27812	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27812	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27847** INSURANCE COMPANY OF THE WEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,025.98
4/15/2014	\$1,025.98
5/15/2014	\$1,025.98
6/15/2014	\$1,025.98
7/15/2014	\$1,025.98
8/15/2014	\$1,025.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,155.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-27847	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-27847	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27855** ZURICH AMERICAN INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$739.10
4/15/2014	\$739.10
5/15/2014	\$739.10
6/15/2014	\$739.10
7/15/2014	\$739.10
8/15/2014	\$739.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,434.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27855	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-27855	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-27855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 45 vehicles covered during 7/1/2013 to 12/31/2013		\$22.50
Auto Theft Authority Assessment for 43 vehicles covered during 1/1/2014 to 6/30/2014		\$21.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27871** WESTERN AGRICULTURAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$34,997.88
4/15/2014	\$34,997.88
5/15/2014	\$34,997.88
6/15/2014	\$34,997.88
7/15/2014	\$34,997.88
8/15/2014	\$34,997.88
TOTAL INSTALLMENTS PAID IN 2014:	
	\$209,987.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27871	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-27871	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-27871	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 9,264 vehicles covered during 7/1/2013 to 12/31/2013		\$4,632.00
Auto Theft Authority Assessment for 9,550 vehicles covered during 1/1/2014 to 6/30/2014		\$4,775.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **27928** AMEX ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,986.26
4/15/2014	\$10,986.26
5/15/2014	\$10,986.26
6/15/2014	\$10,986.26
7/15/2014	\$10,986.26
8/15/2014	\$10,986.26
TOTAL INSTALLMENTS PAID IN 2014:	
	\$65,917.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-27928	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-27928	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-27928	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27944** NATIONAL INSURANCE ASSOCIATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-27944	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-27944	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **27998** TRAVELERS HOME AND MARINE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$169,861.66
4/15/2014	\$169,861.66
5/15/2014	\$169,861.66
6/15/2014	\$169,861.66
7/15/2014	\$169,861.66
8/15/2014	\$169,861.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,019,169.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-27998	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-27998	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 29,932 vehicles covered during 7/1/2013 to 12/31/2013		\$14,966.00
Auto Theft Authority Assessment for 25,272 vehicles covered during 1/1/2014 to 6/30/2014		\$12,636.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28053** ROCKHILL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,344.28
4/15/2014	\$5,344.28
5/15/2014	\$5,344.28
6/15/2014	\$5,344.28
7/15/2014	\$5,344.28
8/15/2014	\$5,344.28
TOTAL INSTALLMENTS PAID IN 2014:	
	\$32,065.68

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28188** TRAVCO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-28188	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-28188	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28207** ANTHEM INSURANCE COMPANIES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28207	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28207	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-28207	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **28223** NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,269.10
4/15/2014	\$14,269.10
5/15/2014	\$14,269.10
6/15/2014	\$14,269.10
7/15/2014	\$14,269.10
8/15/2014	\$14,269.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$85,614.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28223	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28223	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,299 vehicles covered during 7/1/2013 to 12/31/2013		\$649.50
Auto Theft Authority Assessment for 845 vehicles covered during 1/1/2014 to 6/30/2014		\$422.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28258** CONTINENTAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **28304** FEDERATED SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,838.62
4/15/2014	\$7,838.62
5/15/2014	\$7,838.62
6/15/2014	\$7,838.62
7/15/2014	\$7,838.62
8/15/2014	\$7,838.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$47,031.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-28304	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-28304	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-28304	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 2,063 vehicles covered during 7/1/2013 to 12/31/2013		\$1,031.50
Auto Theft Authority Assessment for 2,003 vehicles covered during 1/1/2014 to 6/30/2014		\$1,001.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **28339** GATEWAY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$341.39
4/15/2014	\$341.39
5/15/2014	\$341.39
6/15/2014	\$341.39
7/15/2014	\$341.39
8/15/2014	\$341.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,048.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28339	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28339	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 33 vehicles covered during 7/1/2013 to 12/31/2013		\$16.50
Auto Theft Authority Assessment for 38 vehicles covered during 1/1/2014 to 6/30/2014		\$19.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **28401** AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$58,822.27
4/15/2014	\$58,822.27
5/15/2014	\$58,822.27
6/15/2014	\$58,822.27
7/15/2014	\$58,822.27
8/15/2014	\$58,822.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$352,933.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-28401	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-28401	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-28401	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 12,181 vehicles covered during 7/1/2013 to 12/31/2013		\$6,090.50
Auto Theft Authority Assessment for 13,633 vehicles covered during 1/1/2014 to 6/30/2014		\$6,816.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **28452** REPUBLIC MORTGAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,525.45
4/15/2014	\$14,525.45
5/15/2014	\$14,525.45
6/15/2014	\$14,525.45
7/15/2014	\$14,525.45
8/15/2014	\$14,525.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$87,152.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28452	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28460** SENTRY CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-28460	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-28460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-28460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 13 vehicles covered during 7/1/2013 to 12/31/2013		\$6.50
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2014 to 6/30/2014		\$2.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28497** USPLATE GLASS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28497	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28497	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28649** EASTERN ATLANTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28649	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **28665** CINCINNATI CASUALTY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,304.23
4/15/2014	\$5,304.23
5/15/2014	\$5,304.23
6/15/2014	\$5,304.23
7/15/2014	\$5,304.23
8/15/2014	\$5,304.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$31,825.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28665	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28665	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-28665	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28746** EQUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28746	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28746	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 27 vehicles covered during 7/1/2013 to 12/31/2013		\$13.50
Auto Theft Authority Assessment for 9 vehicles covered during 1/1/2014 to 6/30/2014		\$4.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **28860** RLI INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$335.54
4/15/2014	\$335.54
5/15/2014	\$335.54
6/15/2014	\$335.54
7/15/2014	\$335.54
8/15/2014	\$336.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,014.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28860	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28860	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **28886** TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,320.69
4/15/2014	\$4,320.69
5/15/2014	\$4,320.69
6/15/2014	\$4,320.69
7/15/2014	\$4,320.69
8/15/2014	\$4,320.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$25,924.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-28886	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-28886	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 86 vehicles covered during 7/1/2013 to 12/31/2013		\$43.00
Auto Theft Authority Assessment for 76 vehicles covered during 1/1/2014 to 6/30/2014		\$38.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **28932** MARKEL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,657.16
4/15/2014	\$8,657.16
5/15/2014	\$8,657.16
6/15/2014	\$8,657.16
7/15/2014	\$8,657.16
8/15/2014	\$8,657.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$51,942.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-28932	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-28932	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,554 vehicles covered during 7/1/2013 to 12/31/2013		\$777.00
Auto Theft Authority Assessment for 1,693 vehicles covered during 1/1/2014 to 6/30/2014		\$846.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29017** PROFESSIONALS ADVOCATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29017	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-29017	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29033** ATAIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$60.98
4/15/2014	\$60.98
5/15/2014	\$60.98
6/15/2014	\$60.98
7/15/2014	\$60.98
8/15/2014	\$60.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$365.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-29033	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-29033	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-29033	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29068** IDS PROPERTY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$114,604.86
4/15/2014	\$114,604.86
5/15/2014	\$114,604.86
6/15/2014	\$114,604.86
7/15/2014	\$114,604.86
8/15/2014	\$114,604.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$687,629.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-29068	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-29068	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-29068	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 31,596 vehicles covered during 7/1/2013 to 12/31/2013		\$15,798.00
Auto Theft Authority Assessment for 32,848 vehicles covered during 1/1/2014 to 6/30/2014		\$16,424.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29114** ARCH MORTGAGE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29114	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29157** UNITED WISCONSIN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-29157	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-29157	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-29157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29424** HARTFORD CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$55,449.24
4/15/2014	\$55,449.24
5/15/2014	\$55,449.24
6/15/2014	\$55,449.24
7/15/2014	\$55,449.24
8/15/2014	\$55,449.24
TOTAL INSTALLMENTS PAID IN 2014:	
	\$332,695.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-29424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-29424	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-29424	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,170 vehicles covered during 7/1/2013 to 12/31/2013		\$1,085.00
Auto Theft Authority Assessment for 2,210 vehicles covered during 1/1/2014 to 6/30/2014		\$1,105.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29440** MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,170.94
4/15/2014	\$1,170.94
5/15/2014	\$1,170.94
6/15/2014	\$1,170.94
7/15/2014	\$1,170.94
8/15/2014	\$1,170.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,025.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29440	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-29440	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 536 vehicles covered during 7/1/2013 to 12/31/2013		\$268.00
Auto Theft Authority Assessment for 482 vehicles covered during 1/1/2014 to 6/30/2014		\$241.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29459** TWIN CITY FIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$89,048.58
4/15/2014	\$89,048.58
5/15/2014	\$89,048.58
6/15/2014	\$89,048.58
7/15/2014	\$89,048.58
8/15/2014	\$89,048.58
TOTAL INSTALLMENTS PAID IN 2014:	
	\$534,291.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-29459	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-29459	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-29459	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 23,758 vehicles covered during 7/1/2013 to 12/31/2013		\$11,879.00
Auto Theft Authority Assessment for 26,831 vehicles covered during 1/1/2014 to 6/30/2014		\$13,415.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29513** BAR PLAN MUTUAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29513	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29530** AXA ART INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,124.84
4/15/2014	\$1,124.84
5/15/2014	\$1,124.84
6/15/2014	\$1,124.84
7/15/2014	\$1,124.84
8/15/2014	\$1,124.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,749.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-29530	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-29530	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29580** BERKLEY REGIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,164.38
4/15/2014	\$3,164.38
5/15/2014	\$3,164.38
6/15/2014	\$3,164.38
7/15/2014	\$3,164.38
8/15/2014	\$3,164.38
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,986.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29580	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-29580	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2013 to 12/31/2013		\$2.00
Auto Theft Authority Assessment for 8 vehicles covered during 1/1/2014 to 6/30/2014		\$4.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29599** U.S. SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,954.00
4/15/2014	\$14,954.00
5/15/2014	\$14,954.00
6/15/2014	\$14,956.00
7/15/2014	\$14,956.00
8/15/2014	\$14,956.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$89,730.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-29599	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-29599	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-29599	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29688** ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$655,236.50
4/15/2014	\$655,236.50
5/15/2014	\$655,236.50
6/15/2014	\$655,236.50
7/15/2014	\$655,236.50
8/15/2014	\$655,236.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,931,419.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-29688	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-29688	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-29688	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 221,243 vehicles covered during 7/1/2013 to 12/31/2013		\$110,621.50
Auto Theft Authority Assessment for 237,003 vehicles covered during 1/1/2014 to 6/30/2014		\$118,501.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29700** NORTH AMERICAN ELITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$21,227.48
4/15/2014	\$21,227.48
5/15/2014	\$21,227.48
6/15/2014	\$21,227.48
7/15/2014	\$21,227.48
8/15/2014	\$21,227.48
TOTAL INSTALLMENTS PAID IN 2014:	
	\$127,364.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-29700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-29700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-29700	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29742** INTEGON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,715.94
4/15/2014	\$8,715.94
5/15/2014	\$8,715.94
6/15/2014	\$8,715.94
7/15/2014	\$8,715.94
8/15/2014	\$8,715.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$52,295.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29742	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-29742	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 4,600 vehicles covered during 7/1/2013 to 12/31/2013		\$2,300.00
Auto Theft Authority Assessment for -888 vehicles covered during 1/1/2014 to 6/30/2014		(\$444.00)

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29793** PACIFIC STAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29793	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-29793	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 32 vehicles covered during 7/1/2013 to 12/31/2013		\$16.00
Auto Theft Authority Assessment for 855 vehicles covered during 1/1/2014 to 6/30/2014		\$427.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29807** PXRE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29807	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-29807	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-29807	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29823** GENWORTH RESIDENTIAL MORTGAGE INSURANCE CORP. OF N C

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$619.03
4/15/2014	\$619.03
5/15/2014	\$619.03
6/15/2014	\$619.03
7/15/2014	\$619.03
8/15/2014	\$619.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,714.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29823	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29858** MORTGAGE GUARANTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$46,429.90
4/15/2014	\$46,429.90
5/15/2014	\$46,429.90
6/15/2014	\$46,429.90
7/15/2014	\$46,429.90
8/15/2014	\$46,429.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$278,579.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29858	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29874** NORTH AMERICAN SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,948.89
4/15/2014	\$5,948.89
5/15/2014	\$5,948.89
6/15/2014	\$5,948.89
7/15/2014	\$5,948.89
8/15/2014	\$5,948.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$35,693.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-29874	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-29874	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-29874	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29890** HARTFORD STEAM BOILER INSPECTION AND I C OF CT, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-29890	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-29890	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **29980** FIRST COLONIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,465.98
4/15/2014	\$3,465.98
5/15/2014	\$3,465.98
6/15/2014	\$3,465.98
7/15/2014	\$3,465.98
8/15/2014	\$3,465.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,795.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29980	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-29980	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **29998** UPPER HUDSON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-29998	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **30007** GENERAL FIDELITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-30007	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-30007	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-30007	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **30058** SCOR REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-30058	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-30058	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **30104** HARTFORD UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$67,646.80
4/15/2014	\$67,646.80
5/15/2014	\$67,646.80
6/15/2014	\$67,646.80
7/15/2014	\$67,646.80
8/15/2014	\$67,646.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$405,880.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-30104	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-30104	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-30104	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 21,012 vehicles covered during 7/1/2013 to 12/31/2013		\$10,506.00
Auto Theft Authority Assessment for 20,238 vehicles covered during 1/1/2014 to 6/30/2014		\$10,119.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **30120** ZNAT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-30120	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-30120	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **30180** ASSURED GUARANTY CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-30180	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-30180	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **30210** ESURANCE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$77,006.29
4/15/2014	\$77,006.29
5/15/2014	\$77,006.29
6/15/2014	\$77,006.29
7/15/2014	\$77,006.29
8/15/2014	\$77,006.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$462,037.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-30210	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-30210	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 29,751 vehicles covered during 7/1/2013 to 12/31/2013		\$14,875.50
Auto Theft Authority Assessment for 34,029 vehicles covered during 1/1/2014 to 6/30/2014		\$17,014.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **30279** BOSTON INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-30279	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **30325** ZALE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-30325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-30325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **30830** ARCH INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-30830	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-30830	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **30872** RADIANT MORTGAGE ASSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-30872	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **30945** PLAZA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,278.32
4/15/2014	\$3,278.32
5/15/2014	\$3,278.32
6/15/2014	\$3,278.32
7/15/2014	\$3,278.32
8/15/2014	\$3,278.32
TOTAL INSTALLMENTS PAID IN 2014:	
	\$19,669.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-30945	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-30945	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 644 vehicles covered during 7/1/2013 to 12/31/2013		\$322.00
Auto Theft Authority Assessment for 205 vehicles covered during 1/1/2014 to 6/30/2014		\$102.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31003** TRI-STATE INSURANCE COMPANY OF MINNESOTA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31003	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-31003	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-31003	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31089** REPWEST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,799.46
4/15/2014	\$3,799.46
5/15/2014	\$3,799.46
6/15/2014	\$3,799.46
7/15/2014	\$3,799.46
8/15/2014	\$3,799.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$22,796.76

Auto Theft Authority Assessment for 135 vehicles covered during 7/1/2013 to 12/31/2013	\$67.50
Auto Theft Authority Assessment for 155 vehicles covered during 1/1/2014 to 6/30/2014	\$77.50

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31119** MEDICO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,289.03
4/15/2014	\$5,289.03
5/15/2014	\$5,289.03
6/15/2014	\$5,289.03
7/15/2014	\$5,289.03
8/15/2014	\$5,289.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$31,734.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-31119	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-31119	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31135** GREAT AMERICAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-31135	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-31135	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **31194** TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$64,511.41
4/15/2014	\$64,511.41
5/15/2014	\$64,511.41
6/15/2014	\$64,511.41
7/15/2014	\$64,511.41
8/15/2014	\$64,511.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$387,068.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-31194	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-31194	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-31194	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31208** OAKWOOD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-31208	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-31208	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31232** WORK FIRST CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-31232	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31275** REPUBLIC MORTGAGE INSURANCE COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31275	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **31325** ACADIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,619.03
4/15/2014	\$13,619.03
5/15/2014	\$13,619.03
6/15/2014	\$13,619.03
7/15/2014	\$13,619.03
8/15/2014	\$13,619.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$81,714.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-31325	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-31325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,947 vehicles covered during 7/1/2013 to 12/31/2013		\$1,473.50
Auto Theft Authority Assessment for 3,163 vehicles covered during 1/1/2014 to 6/30/2014		\$1,581.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **31348** CRUM & FORSTER INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$871.56
4/15/2014	\$871.56
5/15/2014	\$871.56
6/15/2014	\$871.56
7/15/2014	\$871.56
8/15/2014	\$871.56
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,229.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-31348	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-31348	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2013 to 12/31/2013		\$5.00
Auto Theft Authority Assessment for 14 vehicles covered during 1/1/2014 to 6/30/2014		\$7.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31380** AMERICAN SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$680.29
4/15/2014	\$680.29
5/15/2014	\$680.29
6/15/2014	\$680.29
7/15/2014	\$680.29
8/15/2014	\$680.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,081.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31380	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **31453** FINANCIAL PACIFIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$715.99
4/15/2014	\$715.99
5/15/2014	\$715.99
6/15/2014	\$715.99
7/15/2014	\$715.99
8/15/2014	\$715.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,295.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-31453	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-31453	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 82 vehicles covered during 7/1/2013 to 12/31/2013		\$41.00
Auto Theft Authority Assessment for 52 vehicles covered during 1/1/2014 to 6/30/2014		\$26.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31470** NORGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-31470	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-31470	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-31470	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31534** CITIZENS INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,418.58
4/15/2014	\$5,418.58
5/15/2014	\$5,418.58
6/15/2014	\$5,418.58
7/15/2014	\$5,418.58
8/15/2014	\$5,418.58
TOTAL INSTALLMENTS PAID IN 2014:	
	\$32,511.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31534	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-31534	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31550** HAULERS INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31550	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-31550	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31887** COFACE NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,500.00
4/15/2014	\$2,500.00
5/15/2014	\$2,500.00
6/15/2014	\$2,500.00
7/15/2014	\$2,500.00
8/15/2014	\$2,500.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,000.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-31887	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-31887	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31895** AMERICAN INTERSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31895	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-31895	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **31925** FALLS LAKE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31925	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-31925	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-31925	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **31968** MERASTAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$341.71
4/15/2014	\$341.71
5/15/2014	\$341.71
6/15/2014	\$341.71
7/15/2014	\$341.71
8/15/2014	\$341.71
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,050.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-31968	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-31968	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 100 vehicles covered during 7/1/2013 to 12/31/2013		\$50.00
Auto Theft Authority Assessment for 87 vehicles covered during 1/1/2014 to 6/30/2014		\$43.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32077** HERITAGE CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32077	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-32077	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-32077	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32174** REPUBLIC MORTGAGE INSURANCE COMPANY OF FLORIDA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32174	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32190** CONSTITUTION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-32190	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-32190	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-32190	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **32220** 21ST CENTURY NORTH AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,061.32
4/15/2014	\$18,061.32
5/15/2014	\$18,061.32
6/15/2014	\$18,061.32
7/15/2014	\$18,061.32
8/15/2014	\$18,061.32
TOTAL INSTALLMENTS PAID IN 2014:	
	\$108,367.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-32220	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-32220	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-32220	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 7,217 vehicles covered during 7/1/2013 to 12/31/2013		\$3,608.50
Auto Theft Authority Assessment for 5,461 vehicles covered during 1/1/2014 to 6/30/2014		\$2,730.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32280** COMMERCIAL CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-32280	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-32280	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32301** TNUS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32301	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-32301	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-32301	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32352** LM PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32352	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-32352	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-32352	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32433** MEDICAL INSURANCE EXCHANGE OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32433	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-32433	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32450** ALPS PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$377.72
4/15/2014	\$377.72
5/15/2014	\$377.72
6/15/2014	\$377.72
7/15/2014	\$377.72
8/15/2014	\$377.72
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,266.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32450	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-32450	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **32522** MEDICAL MUTUAL INSURANCE COMPANY OF NORTH CAROLINA

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	AS	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **32603** BERKLEY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,018.52
4/15/2014	\$11,018.52
5/15/2014	\$11,018.52
6/15/2014	\$11,018.52
7/15/2014	\$11,018.52
8/15/2014	\$11,018.52
TOTAL INSTALLMENTS PAID IN 2014:	
	\$66,111.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32603	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-32603	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-32603	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **32620** NATIONAL INTERSTATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,238.65
4/15/2014	\$12,238.65
5/15/2014	\$12,238.65
6/15/2014	\$12,238.65
7/15/2014	\$12,238.65
8/15/2014	\$12,238.65
TOTAL INSTALLMENTS PAID IN 2014:	
	\$73,431.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32620	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-32620	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 965 vehicles covered during 7/1/2013 to 12/31/2013		\$482.50
Auto Theft Authority Assessment for 768 vehicles covered during 1/1/2014 to 6/30/2014		\$384.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **32700** OWNERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$140,305.67
4/15/2014	\$140,305.67
5/15/2014	\$140,305.67
6/15/2014	\$140,305.67
7/15/2014	\$140,305.67
8/15/2014	\$140,305.67
TOTAL INSTALLMENTS PAID IN 2014:	
	\$841,834.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-32700	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 18,981 vehicles covered during 7/1/2013 to 12/31/2013		\$9,490.50
Auto Theft Authority Assessment for 18,752 vehicles covered during 1/1/2014 to 6/30/2014		\$9,376.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32760** LIBERTY AMERICAN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32760	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-32760	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **32778** WASHINGTON INTERNATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,740.00
4/15/2014	\$1,740.15
5/15/2014	\$1,740.15
6/15/2014	\$1,740.15
7/15/2014	\$1,740.15
8/15/2014	\$1,740.15
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,440.75

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32778	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-32778	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-32778	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32786** PROGRESSIVE SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-32786	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-32786	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32832** MUTUAL INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$219,470.43
4/15/2014	\$219,470.43
5/15/2014	\$219,470.43
6/15/2014	\$219,470.43
7/15/2014	\$219,470.43
8/15/2014	\$219,470.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,316,822.58

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32859** PENN-AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-32859	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-32859	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **32867** UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-32867	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-32867	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **33014** TRANSPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-33014	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-33014	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-33014	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **33022** AXA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,942.45
4/15/2014	\$6,942.45
5/15/2014	\$6,942.45
6/15/2014	\$6,942.45
7/15/2014	\$6,942.45
8/15/2014	\$6,942.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$41,654.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-33022	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-33022	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-33022	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **33162** BANKERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,997.61
4/15/2014	\$14,997.61
5/15/2014	\$14,997.61
6/15/2014	\$14,997.61
7/15/2014	\$14,997.61
8/15/2014	\$14,997.61
TOTAL INSTALLMENTS PAID IN 2014:	
	\$89,985.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-33162	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-33162	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 4,377 vehicles covered during 7/1/2013 to 12/31/2013		\$2,188.50
Auto Theft Authority Assessment for 8,483 vehicles covered during 1/1/2014 to 6/30/2014		\$4,241.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **33200** NORCAL MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-33200	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-33200	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	33383	FIRST PROFESSIONALS INSURANCE COMPANY, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **33391** PROASSURANCE INDEMNITY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,345.39
4/15/2014	\$3,345.39
5/15/2014	\$3,345.39
6/15/2014	\$3,345.39
7/15/2014	\$3,345.39
8/15/2014	\$3,345.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,072.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-33391	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-33391	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **33499** DORINCO REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$403.51
4/15/2014	\$403.51
5/15/2014	\$403.51
6/15/2014	\$403.51
7/15/2014	\$403.51
8/15/2014	\$403.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,421.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-33499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-33499	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **33588** FIRST LIBERTY INSURANCE CORPORATION, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$26,105.29
4/15/2014	\$26,105.29
5/15/2014	\$26,105.29
6/15/2014	\$26,105.29
7/15/2014	\$26,105.29
8/15/2014	\$26,105.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$156,631.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-33588	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-33588	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-33588	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 1,357 vehicles covered during 7/1/2013 to 12/31/2013		\$678.50
Auto Theft Authority Assessment for 1,191 vehicles covered during 1/1/2014 to 6/30/2014		\$595.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **33600** LM INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$40,461.55
4/15/2014	\$40,461.55
5/15/2014	\$40,461.55
6/15/2014	\$40,461.55
7/15/2014	\$40,461.55
8/15/2014	\$40,461.55
TOTAL INSTALLMENTS PAID IN 2014:	
	\$242,769.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-33600	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-33600	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-33600	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,550 vehicles covered during 7/1/2013 to 12/31/2013		\$1,775.00
Auto Theft Authority Assessment for 3,348 vehicles covered during 1/1/2014 to 6/30/2014		\$1,674.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **33650** MENDOTA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$34,486.24
4/15/2014	\$34,486.24
5/15/2014	\$34,486.24
6/15/2014	\$34,486.24
7/15/2014	\$34,486.24
8/15/2014	\$34,486.24
TOTAL INSTALLMENTS PAID IN 2014:	
	\$206,917.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-33650	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-33650	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 16,752 vehicles covered during 7/1/2013 to 12/31/2013		\$8,376.00
Auto Theft Authority Assessment for 14,546 vehicles covered during 1/1/2014 to 6/30/2014		\$7,273.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **33715** REPUBLIC CREDIT INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-33715	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-33715	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **33723** GREAT AMERICAN SPIRIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-33723	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-33723	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-33723	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **33790** RADIAN GUARANTY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$91,539.93
4/15/2014	\$91,539.93
5/15/2014	\$91,539.93
6/15/2014	\$91,539.93
7/15/2014	\$91,539.93
8/15/2014	\$91,539.93
TOTAL INSTALLMENTS PAID IN 2014:	
	\$549,239.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-33790	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **33855** LINCOLN GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-33855	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-33855	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 192 vehicles covered during 7/1/2013 to 12/31/2013		\$96.00
Auto Theft Authority Assessment for 155 vehicles covered during 1/1/2014 to 6/30/2014		\$77.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **33898** AEGIS SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,780.78
4/15/2014	\$2,780.78
5/15/2014	\$2,780.78
6/15/2014	\$2,780.78
7/15/2014	\$2,780.78
8/15/2014	\$2,780.78
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,684.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-33898	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-33898	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-33898	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **33944** RADIAN MORTGAGE INSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-33944	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **33987** ADM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34002** TRANS CITY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,551.76
4/15/2014	\$3,551.76
5/15/2014	\$3,551.76
6/15/2014	\$3,551.76
7/15/2014	\$3,551.76
8/15/2014	\$3,551.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$21,310.56

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34037** HALLMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$61,182.64
4/15/2014	\$61,182.64
5/15/2014	\$61,182.64
6/15/2014	\$61,182.64
7/15/2014	\$61,182.64
8/15/2014	\$61,182.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$367,095.84

Auto Theft Authority Assessment for 60,993 vehicles covered during 7/1/2013 to 12/31/2013	\$30,496.50
Auto Theft Authority Assessment for 65,868 vehicles covered during 1/1/2014 to 6/30/2014	\$32,934.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **34045** DALLAS MECHANICAL INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 4/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	MR	MECHANICAL REIMBURSEMENT REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 65:	\$4,500.00
Annual Statement Filing Fee		\$0.00
TOTAL:		\$4,500.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **34274** CENTRAL STATES INDEMNITY CO. OF OMAHA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,038.70
4/15/2014	\$9,038.70
5/15/2014	\$9,038.70
6/15/2014	\$9,038.70
7/15/2014	\$9,038.70
8/15/2014	\$9,038.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$54,232.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34274	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34274	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-34274	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34312** PRODUCERS AGRICULTURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,144.77
4/15/2014	\$4,144.77
5/15/2014	\$4,144.77
6/15/2014	\$4,144.77
7/15/2014	\$4,144.77
8/15/2014	\$4,144.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,868.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-34312	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **34339** METROPOLITAN GROUP PROPERTY AND CASUALTY INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$100,806.36
4/15/2014	\$100,806.36
5/15/2014	\$100,806.36
6/15/2014	\$100,806.36
7/15/2014	\$100,806.36
8/15/2014	\$100,806.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$604,838.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-34339	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-34339	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 21,235 vehicles covered during 7/1/2013 to 12/31/2013		\$10,617.50
Auto Theft Authority Assessment for 20,219 vehicles covered during 1/1/2014 to 6/30/2014		\$10,109.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34347** COLONIAL AMERICAN CASUALTY AND SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34347	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34347	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34460** AUTOONE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34479** MAIDSTONE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34479	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34479	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **34495** DOCTORS' COMPANY, AN INTERINSURANCE EXCHANGE, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,601.59
4/15/2014	\$14,601.59
5/15/2014	\$14,601.59
6/15/2014	\$14,601.59
7/15/2014	\$14,601.59
8/15/2014	\$14,601.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$87,609.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34495	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34495	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-34495	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34525** FIRST AMERICAN SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34525	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34525	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34630** OAK RIVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34630	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34630	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34649** CENTRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-34649	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-34649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34649	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **34690** PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$51,256.82
4/15/2014	\$51,256.82
5/15/2014	\$51,256.82
6/15/2014	\$51,256.82
7/15/2014	\$51,256.82
8/15/2014	\$51,256.82
TOTAL INSTALLMENTS PAID IN 2014:	
	\$307,540.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34690	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34690	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-34690	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 728 vehicles covered during 7/1/2013 to 12/31/2013		\$364.00
Auto Theft Authority Assessment for 891 vehicles covered during 1/1/2014 to 6/30/2014		\$445.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34711** COMPUTER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34711	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34711	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34738** ARAG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,577.07
4/15/2014	\$1,577.07
5/15/2014	\$1,577.07
6/15/2014	\$1,577.07
7/15/2014	\$1,577.07
8/15/2014	\$1,577.07
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,462.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-34738	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34762** SUNZ INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34762	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34762	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **34789** 21ST CENTURY CENTENNIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,216.33
4/15/2014	\$1,216.33
5/15/2014	\$1,216.33
6/15/2014	\$1,216.33
7/15/2014	\$1,216.33
8/15/2014	\$1,216.33
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,297.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34789	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34789	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-34789	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 412 vehicles covered during 7/1/2013 to 12/31/2013		\$206.00
Auto Theft Authority Assessment for 360 vehicles covered during 1/1/2014 to 6/30/2014		\$180.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34886** AIOI NISSAY DOWA INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-34886	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-34886	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34894** TRENWICK AMERICA REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34894	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34894	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **34924** DAKOTA TRUCK UNDERWRITERS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-34924	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-34924	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **35009** FINANCIAL CASUALTY & SURETY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-35009	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35157** FAIR AMERICAN INSURANCE AND REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$938.36
4/15/2014	\$938.36
5/15/2014	\$938.36
6/15/2014	\$938.36
7/15/2014	\$938.36
8/15/2014	\$938.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,630.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-35157	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-35157	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-35157	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **35181** EXECUTIVE RISK INDEMNITY INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,640.48
4/15/2014	\$2,640.48
5/15/2014	\$2,640.48
6/15/2014	\$2,640.48
7/15/2014	\$2,640.48
8/15/2014	\$2,640.48
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,842.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-35181	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-35181	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **35246** ILLINOIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-35246	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-35246	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35289** CONTINENTAL INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,181.87
4/15/2014	\$15,181.87
5/15/2014	\$15,181.87
6/15/2014	\$15,181.87
7/15/2014	\$15,181.87
8/15/2014	\$15,181.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$91,091.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-35289	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-35289	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-35289	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,236 vehicles covered during 7/1/2013 to 12/31/2013		\$618.00
Auto Theft Authority Assessment for 1,428 vehicles covered during 1/1/2014 to 6/30/2014		\$714.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **35300** ALLIANZ GLOBAL RISKS US INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$56,690.40
4/15/2014	\$56,690.40
5/15/2014	\$56,690.40
6/15/2014	\$56,690.40
7/15/2014	\$56,690.40
8/15/2014	\$56,690.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$340,142.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-35300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-35300	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35319** UNITED AUTOMOBILE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$68,769.14
4/15/2014	\$68,769.14
5/15/2014	\$68,769.14
6/15/2014	\$68,769.14
7/15/2014	\$68,769.14
8/15/2014	\$68,769.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$412,614.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-35319	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-35319	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 43,010 vehicles covered during 7/1/2013 to 12/31/2013		\$21,505.00
Auto Theft Authority Assessment for 47,350 vehicles covered during 1/1/2014 to 6/30/2014		\$23,675.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35378** EVANSTON INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **35386** FIDELITY AND GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-35386	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-35386	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35408** IMPERIUM INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,756.83
4/15/2014	\$4,756.83
5/15/2014	\$4,756.83
6/15/2014	\$0.00
6/15/2014	\$4,756.83
7/15/2014	\$4,756.83
8/15/2014	\$4,756.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$28,540.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-35408	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-35408	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-35408	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 335 vehicles covered during 7/1/2013 to 12/31/2013		\$167.50
Auto Theft Authority Assessment for 402 vehicles covered during 1/1/2014 to 6/30/2014		\$201.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **35416** U.S. UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-35416	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-35416	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35424** OLD REPUBLIC SECURITY ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35432** NEW JERSEY RE-INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35483** DAILY UNDERWRITERS OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,624.62
4/15/2014	\$2,624.62
5/15/2014	\$2,624.62
6/15/2014	\$2,624.62
7/15/2014	\$2,624.62
8/15/2014	\$2,624.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,747.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-35483	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-35483	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-35483	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 124 vehicles covered during 7/1/2013 to 12/31/2013		\$62.00
Auto Theft Authority Assessment for 103 vehicles covered during 1/1/2014 to 6/30/2014		\$51.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **35505** ROCKWOOD CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-35505	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-35505	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **35602** OHIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-35602	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-35602	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-35602	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35769** LYNDON PROPERTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,222.70
4/15/2014	\$20,222.70
5/15/2014	\$20,222.70
6/15/2014	\$20,222.70
7/15/2014	\$20,222.70
8/15/2014	\$20,222.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$121,336.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-35769	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-35769	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-35769	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35882** GEICO GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$88,485.26
4/15/2014	\$88,485.26
5/15/2014	\$88,485.26
6/15/2014	\$88,485.26
7/15/2014	\$88,485.26
8/15/2014	\$88,485.26
TOTAL INSTALLMENTS PAID IN 2014:	
	\$530,911.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-35882	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-35882	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-35882	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 194,874 vehicles covered during 7/1/2013 to 12/31/2013		\$97,437.00
Auto Theft Authority Assessment for 186,077 vehicles covered during 1/1/2014 to 6/30/2014		\$93,038.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **35955** CALIFORNIA CASUALTY GENERAL INSURANCE COMPANY OF OREGON

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$32,563.49
4/15/2014	\$32,563.49
5/15/2014	\$32,563.49
6/15/2014	\$32,563.49
7/15/2014	\$32,563.49
8/15/2014	\$32,563.49
TOTAL INSTALLMENTS PAID IN 2014:	
	\$195,380.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-35955	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-35955	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 5,710 vehicles covered during 7/1/2013 to 12/31/2013		\$2,855.00
Auto Theft Authority Assessment for 5,217 vehicles covered during 1/1/2014 to 6/30/2014		\$2,608.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36048** UNIONE ITALIANA REINSURANCE COMPANY OF AMERICA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36048	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36048	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **36064** HANOVER AMERICAN INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,521.81
4/15/2014	\$4,521.81
5/15/2014	\$4,521.81
6/15/2014	\$4,521.81
7/15/2014	\$4,521.81
8/15/2014	\$4,521.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$27,130.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36064	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36064	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 4 vehicles covered during 7/1/2013 to 12/31/2013		\$2.00
Auto Theft Authority Assessment for 7 vehicles covered during 1/1/2014 to 6/30/2014		\$3.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **36072** NATIONAL GUARDIAN RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms.

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	OT	OTHER

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **36137** TRAVELERS COMMERCIAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,751.02
4/15/2014	\$16,751.02
5/15/2014	\$16,751.02
6/15/2014	\$16,751.02
7/15/2014	\$16,751.02
8/15/2014	\$16,751.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$100,506.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36137	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36137	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 4,159 vehicles covered during 7/1/2013 to 12/31/2013		\$2,079.50
Auto Theft Authority Assessment for 3,637 vehicles covered during 1/1/2014 to 6/30/2014		\$1,818.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36145** TRAVELERS PERSONAL SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36145	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36145	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36153** AETNA INSURANCE COMPANY OF CONNECTICUT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,832.96
4/15/2014	\$3,832.96
5/15/2014	\$3,832.96
6/15/2014	\$3,832.96
7/15/2014	\$3,832.96
8/15/2014	\$3,832.96
TOTAL INSTALLMENTS PAID IN 2014:	
	\$22,997.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36153	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36153	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **36161** TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,700.74
4/15/2014	\$6,700.74
5/15/2014	\$6,700.74
6/15/2014	\$6,700.74
7/15/2014	\$6,700.74
8/15/2014	\$6,700.74
TOTAL INSTALLMENTS PAID IN 2014:	
	\$40,204.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36161	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36161	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,368 vehicles covered during 7/1/2013 to 12/31/2013		\$1,184.00
Auto Theft Authority Assessment for 10,170 vehicles covered during 1/1/2014 to 6/30/2014		\$5,085.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36170** TRAVELERS CASUALTY COMPANY OF CONNECTICUT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36170	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36170	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36234** PREFERRED PROFESSIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36234	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2013 to 12/31/2013		\$1.00
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2014 to 6/30/2014		\$1.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36250** RADIANT ASSET ASSURANCE INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36269** TITAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36269	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 116 vehicles covered during 7/1/2013 to 12/31/2013		\$58.00
Auto Theft Authority Assessment for 103 vehicles covered during 1/1/2014 to 6/30/2014		\$51.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36307** GRAY INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36307	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36307	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36340** CAMICO MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,052.37
4/15/2014	\$3,052.37
5/15/2014	\$3,052.37
6/15/2014	\$3,052.37
7/15/2014	\$3,052.37
8/15/2014	\$3,052.37
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,314.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36340	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36340	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **36447** LM GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$227,300.20
4/15/2014	\$227,300.20
5/15/2014	\$227,300.20
6/15/2014	\$227,300.20
7/15/2014	\$227,300.20
8/15/2014	\$227,300.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,363,801.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-36447	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-36447	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36447	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 81,806 vehicles covered during 7/1/2013 to 12/31/2013		\$40,903.00
Auto Theft Authority Assessment for 89,995 vehicles covered during 1/1/2014 to 6/30/2014		\$44,997.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36455** ALLSTATE NORTHBROOK INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36455	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36455	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-36455	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 14 vehicles covered during 7/1/2013 to 12/31/2013		\$7.00
Auto Theft Authority Assessment for 14 vehicles covered during 1/1/2014 to 6/30/2014		\$7.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **36463** DISCOVER PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,462.79
4/15/2014	\$2,462.79
5/15/2014	\$2,462.79
6/15/2014	\$2,462.79
7/15/2014	\$2,462.79
8/15/2014	\$2,462.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,776.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36463	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-36463	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-36463	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36552** COLISEUM REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36552	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36552	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36560** SERVICE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36560	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36560	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	36587	21ST CENTURY NATIONAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36587	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-36587	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-36587	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36650** GUARANTEE COMPANY OF NORTH AMERICA USA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,634.54
4/15/2014	\$2,634.54
5/15/2014	\$2,634.54
6/15/2014	\$2,634.54
7/15/2014	\$2,634.54
8/15/2014	\$2,634.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,807.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36650	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36650	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **36684** RIVERPORT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,509.60
4/15/2014	\$3,509.60
5/15/2014	\$3,509.60
6/15/2014	\$3,509.60
7/15/2014	\$3,509.60
8/15/2014	\$3,509.60
TOTAL INSTALLMENTS PAID IN 2014:	
	\$21,057.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-36684	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-36684	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36684	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 372 vehicles covered during 7/1/2013 to 12/31/2013		\$186.00
Auto Theft Authority Assessment for 730 vehicles covered during 1/1/2014 to 6/30/2014		\$365.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36781** JOHN DEERE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36781	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36781	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-36781	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36790** SPRINGFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36790	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36790	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36897** MANUFACTURERS ALLIANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36897	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36897	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-36897	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 29 vehicles covered during 7/1/2013 to 12/31/2013		\$14.50
Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2014 to 6/30/2014		\$0.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36927** COLONY SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-36927	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-36927	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **36951** CENTURY SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,605.58
4/15/2014	\$2,605.58
5/15/2014	\$2,605.58
6/15/2014	\$2,605.58
7/15/2014	\$2,605.58
8/15/2014	\$2,605.58
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,633.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-36951	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-36951	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 87 vehicles covered during 1/1/2014 to 6/30/2014		\$43.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37001** ATX PREMIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$648.11
4/15/2014	\$648.11
5/15/2014	\$648.11
6/15/2014	\$648.11
7/15/2014	\$648.11
8/15/2014	\$648.11
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,888.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37001	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37001	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37060** OLD UNITED CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,981.13
4/15/2014	\$8,981.13
5/15/2014	\$8,981.13
6/15/2014	\$8,981.13
7/15/2014	\$8,981.13
8/15/2014	\$8,981.13
TOTAL INSTALLMENTS PAID IN 2014:	
	\$53,886.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37060	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37060	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-37060	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37095** GENWORTH FINANCIAL ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37095	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37109** LANDCAR CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,262.79
4/15/2014	\$6,262.79
5/15/2014	\$6,262.79
6/15/2014	\$6,262.79
7/15/2014	\$6,262.79
8/15/2014	\$6,262.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$37,576.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37109	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37109	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37150** WESTERN HERITAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,872.87
4/15/2014	\$5,872.87
5/15/2014	\$5,872.87
6/15/2014	\$5,872.87
7/15/2014	\$5,872.87
8/15/2014	\$5,872.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$35,237.22

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37184** DEERFIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,394.53
4/15/2014	\$4,401.96
5/15/2014	\$4,401.96
6/15/2014	\$4,401.96
7/15/2014	\$4,401.96
8/15/2014	\$4,401.96
TOTAL INSTALLMENTS PAID IN 2014:	
	\$26,404.33

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37184	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37184	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37206** CONTRACTORS BONDING AND INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$26,391.39
4/15/2014	\$26,391.39
5/15/2014	\$26,391.39
6/15/2014	\$26,391.39
7/15/2014	\$26,391.39
8/15/2014	\$26,392.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$158,349.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37206	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37206	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 863 vehicles covered during 7/1/2013 to 12/31/2013		\$431.50
Auto Theft Authority Assessment for 943 vehicles covered during 1/1/2014 to 6/30/2014		\$471.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37214** AMERICAN STATES PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37214	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37214	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37257** PRAETORIAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$33,809.12
4/15/2014	\$33,809.12
5/15/2014	\$33,809.12
6/15/2014	\$33,809.12
7/15/2014	\$33,809.12
8/15/2014	\$33,809.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$202,854.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37257	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-37257	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-37257	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,358 vehicles covered during 7/1/2013 to 12/31/2013		\$1,179.00
Auto Theft Authority Assessment for 2,611 vehicles covered during 1/1/2014 to 6/30/2014		\$1,305.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37273** AXIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$24,005.56
4/15/2014	\$24,005.56
5/15/2014	\$24,005.56
6/15/2014	\$24,005.56
7/15/2014	\$24,005.56
8/15/2014	\$24,005.56
TOTAL INSTALLMENTS PAID IN 2014:	
	\$144,033.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37273	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37273	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-37273	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 60 vehicles covered during 7/1/2013 to 12/31/2013		\$30.00
Auto Theft Authority Assessment for 60 vehicles covered during 1/1/2014 to 6/30/2014		\$30.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37478** HARTFORD INSURANCE COMPANY OF THE MIDWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$77,383.92
4/15/2014	\$77,383.92
5/15/2014	\$77,383.92
6/15/2014	\$77,383.92
7/15/2014	\$77,383.92
8/15/2014	\$77,383.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$464,303.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37478	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37478	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 16,473 vehicles covered during 7/1/2013 to 12/31/2013		\$8,236.50
Auto Theft Authority Assessment for 14,819 vehicles covered during 1/1/2014 to 6/30/2014		\$7,409.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37540** BEAZLEY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,183.70
4/15/2014	\$7,183.70
5/15/2014	\$7,183.70
6/15/2014	\$7,183.70
7/15/2014	\$7,183.70
8/15/2014	\$7,183.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$43,102.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37540	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-37540	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-37540	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37621** TOYOTA MOTOR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,462.95
4/15/2014	\$5,462.95
5/15/2014	\$5,462.95
6/15/2014	\$5,462.95
7/15/2014	\$5,462.95
8/15/2014	\$5,462.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$32,777.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37621	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37621	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37648** PERMANENT GENERAL ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$45,451.57
4/15/2014	\$45,451.57
5/15/2014	\$45,451.57
6/15/2014	\$45,451.57
7/15/2014	\$45,451.57
8/15/2014	\$45,451.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$272,709.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37648	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37648	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 27,331 vehicles covered during 7/1/2013 to 12/31/2013		\$13,665.50
Auto Theft Authority Assessment for 27,240 vehicles covered during 1/1/2014 to 6/30/2014		\$13,620.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37710** FIRST AMERICAN PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$28,936.42
4/15/2014	\$28,936.42
5/15/2014	\$28,936.42
6/15/2014	\$28,936.42
7/15/2014	\$28,936.42
8/15/2014	\$28,936.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$173,618.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37710	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37710	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 72 vehicles covered during 7/1/2013 to 12/31/2013		\$36.00
Auto Theft Authority Assessment for 87 vehicles covered during 1/1/2014 to 6/30/2014		\$43.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	37770	CSAA GENERAL INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$271,184.54
4/15/2014	\$271,184.54
5/15/2014	\$271,184.54
6/15/2014	\$271,184.54
7/15/2014	\$271,184.54
8/15/2014	\$271,184.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,627,107.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37770	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37770	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 99,419 vehicles covered during 7/1/2013 to 12/31/2013		\$49,709.50
Auto Theft Authority Assessment for 111,103 vehicles covered during 1/1/2014 to 6/30/2014		\$55,551.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37800** LEADING INSURANCE GROUP INSURANCE CO., LTD.(U.S.BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37800	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37800	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37834** PROGRESSIVE PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$485,694.54
4/15/2014	\$485,694.54
5/15/2014	\$485,694.54
6/15/2014	\$485,694.54
7/15/2014	\$485,694.54
8/15/2014	\$485,694.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,914,167.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37834	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37834	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 188,851 vehicles covered during 7/1/2013 to 12/31/2013		\$94,425.50
Auto Theft Authority Assessment for 184,755 vehicles covered during 1/1/2014 to 6/30/2014		\$92,377.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37850** PACIFIC SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$32,471.80
4/15/2014	\$32,471.80
5/15/2014	\$32,471.80
6/15/2014	\$32,471.80
7/15/2014	\$32,471.80
8/15/2014	\$32,471.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$194,830.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37850	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37850	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2,310 vehicles covered during 7/1/2013 to 12/31/2013		\$1,155.00
Auto Theft Authority Assessment for 2,782 vehicles covered during 1/1/2014 to 6/30/2014		\$1,391.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37869** PRE-PAID LEGAL CASUALTY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PL	PREPAID LEGAL INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$27,498.67
4/15/2014	\$27,498.67
5/15/2014	\$27,498.67
6/15/2014	\$27,498.67
7/15/2014	\$27,498.67
8/15/2014	\$27,498.67
TOTAL INSTALLMENTS PAID IN 2014:	
	\$164,992.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37869	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37877** NATIONWIDE PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-37877	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-37877	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37877	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37885** XL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$46,722.41
4/15/2014	\$46,722.41
5/15/2014	\$46,722.41
6/15/2014	\$46,722.41
7/15/2014	\$46,722.41
8/15/2014	\$46,722.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$280,334.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37885	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37885	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 113 vehicles covered during 7/1/2013 to 12/31/2013		\$56.50
Auto Theft Authority Assessment for 93 vehicles covered during 1/1/2014 to 6/30/2014		\$46.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37907** ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$45,921.75
4/15/2014	\$45,921.75
5/15/2014	\$45,921.75
6/15/2014	\$45,921.75
7/15/2014	\$45,921.75
8/15/2014	\$45,921.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$275,530.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37907	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37907	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-37907	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 17 vehicles covered during 7/1/2013 to 12/31/2013		\$8.50
Auto Theft Authority Assessment for 13 vehicles covered during 1/1/2014 to 6/30/2014		\$6.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37915** ESSENTIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$19,545.58
4/15/2014	\$19,545.58
5/15/2014	\$19,545.58
6/15/2014	\$19,545.58
7/15/2014	\$19,545.58
8/15/2014	\$19,545.58
TOTAL INSTALLMENTS PAID IN 2014:	
	\$117,273.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-37915	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-37915	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 32,643 vehicles covered during 7/1/2013 to 12/31/2013		\$16,321.50
Auto Theft Authority Assessment for 35,948 vehicles covered during 1/1/2014 to 6/30/2014		\$17,974.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37923** SEAWORTHY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PI	PROPERTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,535.37
4/15/2014	\$1,535.37
5/15/2014	\$1,535.37
6/15/2014	\$1,535.37
7/15/2014	\$1,535.37
8/15/2014	\$1,535.37
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,212.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37923	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37923	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37931** AMERICAN FARMERS & RANCHERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37931	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-37931	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-37931	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **37940** LEXINGTON NATIONAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,588.08
4/15/2014	\$1,588.08
5/15/2014	\$1,588.88
6/15/2014	\$1,588.08
7/15/2014	\$1,588.08
8/15/2014	\$1,588.08
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,529.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37940	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37958** ACCEPTANCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37958	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37958	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **37990** AMERICAN EMPIRE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-37990	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-37990	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38067** ECONOMY PREFERRED INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$23,133.93
4/15/2014	\$23,133.93
5/15/2014	\$23,133.93
6/15/2014	\$23,133.93
7/15/2014	\$23,133.93
8/15/2014	\$23,133.93
TOTAL INSTALLMENTS PAID IN 2014:	
	\$138,803.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38067	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38067	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 4,700 vehicles covered during 7/1/2013 to 12/31/2013		\$2,350.00
Auto Theft Authority Assessment for 4,707 vehicles covered during 1/1/2014 to 6/30/2014		\$2,353.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38130** TRAVELERS PERSONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38130	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38148** LANCER INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-38148	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-38148	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-38148	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38156** ALPHA PROPERTY & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,653.11
4/15/2014	\$18,653.11
5/15/2014	\$18,653.11
6/15/2014	\$18,653.11
7/15/2014	\$18,653.11
8/15/2014	\$18,653.11
TOTAL INSTALLMENTS PAID IN 2014:	
	\$111,918.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-38156	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-38156	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 7,980 vehicles covered during 7/1/2013 to 12/31/2013		\$3,990.00
Auto Theft Authority Assessment for 8,179 vehicles covered during 1/1/2014 to 6/30/2014		\$4,089.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38245** BCS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,763.39
4/15/2014	\$10,763.39
5/15/2014	\$10,763.39
6/15/2014	\$10,763.39
7/15/2014	\$10,763.39
8/15/2014	\$10,763.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$64,580.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-38245	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-38245	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-38245	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38300** SAMSUNG FIRE & MARINE INSURANCE CO., LTD. (U.S. BRANCH)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$393.56
4/15/2014	\$393.56
5/15/2014	\$393.56
6/15/2014	\$393.56
7/15/2014	\$393.56
8/15/2014	\$393.56
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,361.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38300	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 28 vehicles covered during 7/1/2013 to 12/31/2013		\$14.00
Auto Theft Authority Assessment for 48 vehicles covered during 1/1/2014 to 6/30/2014		\$24.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38318** STARR INDEMNITY & LIABILITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$39,033.90
4/15/2014	\$39,033.90
5/15/2014	\$39,033.90
6/15/2014	\$39,033.90
7/15/2014	\$39,033.90
8/15/2014	\$39,033.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$234,203.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38318	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38318	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-38318	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 382 vehicles covered during 7/1/2013 to 12/31/2013		\$191.00
Auto Theft Authority Assessment for 520 vehicles covered during 1/1/2014 to 6/30/2014		\$260.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38458** GENWORTH MORTGAGE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$45,539.12
4/15/2014	\$45,539.12
5/15/2014	\$45,539.12
6/15/2014	\$45,539.12
7/15/2014	\$45,539.12
8/15/2014	\$45,539.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$273,234.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38458	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38466** EVERGREEN USA RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

Auto Theft Authority Assessment for 7 vehicles covered during 7/1/2013 to 12/31/2013	\$3.50
Auto Theft Authority Assessment for 2 vehicles covered during 1/1/2014 to 6/30/2014	\$1.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38490** ARIZONA HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$19,502.63
4/15/2014	\$19,502.63
5/15/2014	\$19,502.63
6/15/2014	\$19,502.63
7/15/2014	\$19,502.63
8/15/2014	\$19,502.63
TOTAL INSTALLMENTS PAID IN 2014:	
	\$117,015.78

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38512** RAMPART INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-38512	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-38512	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38601** MIC PROPERTY AND CASUALTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,289.61
4/15/2014	\$1,289.61
5/15/2014	\$1,289.61
6/15/2014	\$1,289.61
7/15/2014	\$1,289.61
8/15/2014	\$1,289.61
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,737.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38601	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38601	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38628** PROGRESSIVE NORTHERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-38628	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-38628	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38636** PARTNER REINSURANCE COMPANY OF THE U.S.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-38636	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-38636	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-38636	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38652** AMERICAN MODERN SELECT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$39,171.70
4/15/2014	\$39,171.70
5/15/2014	\$39,171.70
6/15/2014	\$39,171.70
7/15/2014	\$39,171.70
8/15/2014	\$39,171.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$235,030.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38652	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38652	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 947 vehicles covered during 7/1/2013 to 12/31/2013		\$473.50
Auto Theft Authority Assessment for 685 vehicles covered during 1/1/2014 to 6/30/2014		\$342.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38660** MIC GENERAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,127.96
4/15/2014	\$1,127.96
5/15/2014	\$1,127.96
6/15/2014	\$1,127.96
7/15/2014	\$1,127.96
8/15/2014	\$1,127.96
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,767.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-38660	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-38660	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38660	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 401 vehicles covered during 7/1/2013 to 12/31/2013		\$200.50
Auto Theft Authority Assessment for 555 vehicles covered during 1/1/2014 to 6/30/2014		\$277.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38733** ALASKA NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38733	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38733	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 73 vehicles covered during 7/1/2013 to 12/31/2013		\$36.50
Auto Theft Authority Assessment for 19 vehicles covered during 1/1/2014 to 6/30/2014		\$9.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38776** SIRIUS AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-38776	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-38776	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-38776	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38865** CALIFORNIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38865	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38865	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-38865	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38873** INFINITY SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-38873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-38873	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38911** BERKLEY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$564.63
4/15/2014	\$564.63
5/15/2014	\$564.63
6/15/2014	\$564.63
7/15/2014	\$564.63
8/15/2014	\$564.63
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,387.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-38911	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-38911	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-38911	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 5 vehicles covered during 1/1/2014 to 6/30/2014		\$2.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **38962** GENESIS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-38962	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-38962	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-38962	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **38970** MARKEL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,798.29
4/15/2014	\$15,798.29
5/15/2014	\$15,798.29
6/15/2014	\$15,798.29
7/15/2014	\$15,798.29
8/15/2014	\$15,798.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$94,789.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-38970	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-38970	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-38970	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 564 vehicles covered during 7/1/2013 to 12/31/2013		\$282.00
Auto Theft Authority Assessment for 486 vehicles covered during 1/1/2014 to 6/30/2014		\$243.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39012** SAFECO INSURANCE COMPANY OF ILLINOIS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,622.48
4/15/2014	\$5,622.48
5/15/2014	\$5,622.48
6/15/2014	\$5,622.48
7/15/2014	\$5,622.48
8/15/2014	\$5,622.48
TOTAL INSTALLMENTS PAID IN 2014:	
	\$33,734.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39012	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-39012	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 5,940 vehicles covered during 7/1/2013 to 12/31/2013		\$2,970.00
Auto Theft Authority Assessment for 7,074 vehicles covered during 1/1/2014 to 6/30/2014		\$3,537.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **39039** RURAL COMMUNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,064.79
4/15/2014	\$1,064.79
5/15/2014	\$1,064.79
6/15/2014	\$1,064.79
7/15/2014	\$1,064.79
8/15/2014	\$1,166.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,490.35

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39039	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-39039	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **39098** OMNI INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,778.40
4/15/2014	\$4,778.40
5/15/2014	\$4,778.40
6/15/2014	\$4,778.40
7/15/2014	\$4,778.40
8/15/2014	\$4,778.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$28,670.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39098	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-39098	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 10 vehicles covered during 7/1/2013 to 12/31/2013		\$5.00
Auto Theft Authority Assessment for 8 vehicles covered during 1/1/2014 to 6/30/2014		\$4.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **39136** FINIAL REINSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39152** AMERICAN HEALTHCARE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39152	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-39152	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **39187** SUECIA INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **39217** QBE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$62,971.79
4/15/2014	\$62,971.79
5/15/2014	\$62,971.79
6/15/2014	\$62,971.79
7/15/2014	\$62,971.79
8/15/2014	\$62,971.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$377,830.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-39217	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-39217	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-39217	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 532 vehicles covered during 7/1/2013 to 12/31/2013		\$266.00
Auto Theft Authority Assessment for 481 vehicles covered during 1/1/2014 to 6/30/2014		\$240.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39306** FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$32,227.19
4/15/2014	\$32,227.19
5/15/2014	\$32,227.19
6/15/2014	\$32,227.19
7/15/2014	\$32,227.19
8/15/2014	\$32,227.19
TOTAL INSTALLMENTS PAID IN 2014:	
	\$193,363.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-39306	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-39306	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39322** GENERAL SECURITY NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-39322	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-39322	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-39322	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39527** HERITAGE INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,871.96
4/15/2014	\$3,871.96
5/15/2014	\$3,871.96
6/15/2014	\$3,871.96
7/15/2014	\$3,871.96
8/15/2014	\$3,871.96
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,231.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-39527	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-39527	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39551** CONTINENTAL HERITAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39551	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39608** NUTMEG INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-39608	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-39608	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-39608	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39616** VISION SERVICE PLAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	DI	DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$73,070.91
4/15/2014	\$73,070.91
5/15/2014	\$73,070.91
6/15/2014	\$73,070.91
7/15/2014	\$73,070.91
8/15/2014	\$73,070.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$438,425.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39616	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-39616	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39675** EXCALIBUR REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-39675	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-39675	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
FRA13-39675	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
FRA14-39675	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP13-39675	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
MAP14-39675	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **39845** WESTPORT INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,095.07
4/15/2014	\$15,095.07
5/15/2014	\$15,095.07
6/15/2014	\$15,095.07
7/15/2014	\$15,095.07
8/15/2014	\$15,095.07
TOTAL INSTALLMENTS PAID IN 2014:	
	\$90,570.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-39845	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-39845	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-39845	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39861** GOLDEN BEAR INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39861	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-39861	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **39942** AMERICAN NATIONAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,187.97
4/15/2014	\$7,187.97
5/15/2014	\$7,187.97
6/15/2014	\$7,187.97
7/15/2014	\$7,187.97
8/15/2014	\$7,187.97
TOTAL INSTALLMENTS PAID IN 2014:	
	\$43,127.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39942	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-39942	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 2,357 vehicles covered during 7/1/2013 to 12/31/2013		\$1,178.50
Auto Theft Authority Assessment for 1,235 vehicles covered during 1/1/2014 to 6/30/2014		\$617.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **39950** METROPOLITAN GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$539.29
4/15/2014	\$539.29
5/15/2014	\$539.29
6/15/2014	\$539.29
7/15/2014	\$539.29
8/15/2014	\$539.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,235.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39950	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-39950	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 161 vehicles covered during 7/1/2013 to 12/31/2013		\$80.50
Auto Theft Authority Assessment for 156 vehicles covered during 1/1/2014 to 6/30/2014		\$78.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **39969** AMERICAN SAFETY CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,419.38
4/15/2014	\$2,419.38
5/15/2014	\$2,419.38
6/15/2014	\$2,419.38
7/15/2014	\$2,420.00
8/15/2014	\$2,419.38
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,516.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-39969	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-39969	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **40010** ANCHOR GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,253.77
4/15/2014	\$6,253.77
5/15/2014	\$6,253.77
6/15/2014	\$6,253.77
7/15/2014	\$6,253.77
8/15/2014	\$6,253.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$37,522.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40010	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40010	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 7,318 vehicles covered during 7/1/2013 to 12/31/2013		\$3,659.00
Auto Theft Authority Assessment for 6,297 vehicles covered during 1/1/2014 to 6/30/2014		\$3,148.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40029** EXPLORER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40029	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40029	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-40029	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **40045** STARNET INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,494.44
4/15/2014	\$9,494.44
5/15/2014	\$9,494.44
6/15/2014	\$9,494.44
7/15/2014	\$9,494.44
8/15/2014	\$9,494.44
TOTAL INSTALLMENTS PAID IN 2014:	
	\$56,966.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40045	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40045	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-40045	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 99 vehicles covered during 7/1/2013 to 12/31/2013		\$49.50
Auto Theft Authority Assessment for 26 vehicles covered during 1/1/2014 to 6/30/2014		\$13.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40134** CASTLEPOINT NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-40134	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-40134	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 2 vehicles covered during 7/1/2013 to 12/31/2013		\$1.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **40142** AMERICAN ZURICH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,383.97
4/15/2014	\$9,383.97
5/15/2014	\$9,383.97
6/15/2014	\$9,383.97
7/15/2014	\$9,383.97
8/15/2014	\$9,383.97
TOTAL INSTALLMENTS PAID IN 2014:	
	\$56,303.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40142	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40142	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-40142	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 184 vehicles covered during 7/1/2013 to 12/31/2013		\$92.00
Auto Theft Authority Assessment for 217 vehicles covered during 1/1/2014 to 6/30/2014		\$108.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **40150** MGA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$55,680.45
4/15/2014	\$55,680.45
5/15/2014	\$55,680.45
6/15/2014	\$55,680.45
7/15/2014	\$55,680.45
8/15/2014	\$55,680.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$334,082.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40150	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40150	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 32,370 vehicles covered during 7/1/2013 to 12/31/2013		\$16,185.00
Auto Theft Authority Assessment for 30,872 vehicles covered during 1/1/2014 to 6/30/2014		\$15,436.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **40169** METROPOLITAN CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$91,074.46
4/15/2014	\$91,074.46
5/15/2014	\$91,074.46
6/15/2014	\$91,074.46
7/15/2014	\$91,074.46
8/15/2014	\$91,074.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$546,446.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40169	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40169	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 18,355 vehicles covered during 7/1/2013 to 12/31/2013		\$9,177.50
Auto Theft Authority Assessment for 15,708 vehicles covered during 1/1/2014 to 6/30/2014		\$7,854.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40193** XL INSURANCE COMPANY OF NEW YORK, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-40193	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-40193	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40258** AIG ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40258	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40266** ARCH MORTGAGE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,317.51
4/15/2014	\$3,317.51
5/15/2014	\$3,317.51
6/15/2014	\$3,317.51
7/15/2014	\$3,317.51
8/15/2014	\$3,317.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$19,905.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40266	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40282** TRAVELERS COMMERCIAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40282	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40282	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-40282	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40312** PIONEER SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40312	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40312	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40371** COLUMBIA MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40371	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40371	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40398** ASHMERE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40398	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-40398	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-40398	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40436** STRATFORD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40436	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40436	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40444** OLD REPUBLIC SURETY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,563.04
4/15/2014	\$1,563.04
5/15/2014	\$1,563.04
6/15/2014	\$1,563.04
7/15/2014	\$1,563.04
8/15/2014	\$1,563.04
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,378.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40444	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40460** SAGAMORE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-40460	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-40460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **40479** REPUBLIC-VANGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40517** ADVANTAGE WORKERS COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40517	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40517	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	40525	UNITED GUARANTY CREDIT INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	MG	MORTGAGE GUARANTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40525	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **40649** ECONOMY PREMIER ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,444.94
4/15/2014	\$3,444.94
5/15/2014	\$3,444.94
6/15/2014	\$3,444.94
7/15/2014	\$3,444.94
8/15/2014	\$3,444.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,669.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40649	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40649	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 200 vehicles covered during 7/1/2013 to 12/31/2013		\$100.00
Auto Theft Authority Assessment for 174 vehicles covered during 1/1/2014 to 6/30/2014		\$87.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40703** UNITRIN SAFEGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40703	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40703	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40789** AMERICAN BUSINESS & MERCANTILE INSURANCE MUTUAL, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-40789	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-40789	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40827** VIRGINIA SURETY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,584.81
4/15/2014	\$6,584.81
5/15/2014	\$6,584.81
6/15/2014	\$6,584.81
7/15/2014	\$6,584.81
8/15/2014	\$6,584.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$39,508.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-40827	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-40827	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-40827	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40843** UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,004.90
4/15/2014	\$6,004.90
5/15/2014	\$6,004.90
6/15/2014	\$6,004.90
7/15/2014	\$6,004.90
8/15/2014	\$6,004.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$36,029.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-40843	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-40843	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 152 vehicles covered during 7/1/2013 to 12/31/2013		\$76.00
Auto Theft Authority Assessment for 149 vehicles covered during 1/1/2014 to 6/30/2014		\$74.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **40940** WESTERN PACIFIC MUTUAL INSURANCE COMPANY, A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$377.34
4/15/2014	\$377.34
5/15/2014	\$377.34
6/15/2014	\$377.34
7/15/2014	\$377.34
8/15/2014	\$377.34
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,264.04

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **40975** DENTISTS INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$990.00
4/15/2014	\$990.00
5/15/2014	\$990.00
6/15/2014	\$990.00
7/15/2014	\$990.00
8/15/2014	\$990.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,940.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-40975	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-40975	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **41050** UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41050	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41106** TRIUMPHE CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$596.40
4/15/2014	\$596.40
5/15/2014	\$596.40
6/15/2014	\$596.40
7/15/2014	\$596.40
8/15/2014	\$596.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,578.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41106	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41106	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 242 vehicles covered during 7/1/2013 to 12/31/2013		\$121.00
Auto Theft Authority Assessment for 213 vehicles covered during 1/1/2014 to 6/30/2014		\$106.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41181** UNIVERSAL UNDERWRITERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$35,604.51
4/15/2014	\$35,604.51
5/15/2014	\$35,604.51
6/15/2014	\$35,604.51
7/15/2014	\$35,604.51
8/15/2014	\$35,604.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$213,627.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41181	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-41181	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-41181	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 438 vehicles covered during 7/1/2013 to 12/31/2013		\$219.00
Auto Theft Authority Assessment for 448 vehicles covered during 1/1/2014 to 6/30/2014		\$224.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41211** TRITON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,903.39
4/15/2014	\$1,961.10
5/15/2014	\$1,961.10
6/15/2014	\$1,961.10
7/15/2014	\$1,961.10
8/15/2014	\$1,961.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,708.89

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-41211	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-41211	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41211	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 75 vehicles covered during 7/1/2013 to 12/31/2013		\$37.50
Auto Theft Authority Assessment for 63 vehicles covered during 1/1/2014 to 6/30/2014		\$31.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41238** TRANS PACIFIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$307.79
4/15/2014	\$307.79
5/15/2014	\$307.79
6/15/2014	\$307.79
7/15/2014	\$307.79
8/15/2014	\$307.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,846.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41238	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41238	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41297** SCOTTSDALE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$38,986.05
4/15/2014	\$38,986.05
5/15/2014	\$38,986.05
6/15/2014	\$38,986.05
7/15/2014	\$38,986.05
8/15/2014	\$38,986.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$233,916.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41297	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41297	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,653 vehicles covered during 7/1/2013 to 12/31/2013		\$826.50
Auto Theft Authority Assessment for 1,926 vehicles covered during 1/1/2014 to 6/30/2014		\$963.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **41335** UNITED NATIONAL SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41335	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41335	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41343** HDI-GERLING AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,143.53
4/15/2014	\$5,143.53
5/15/2014	\$5,143.53
6/15/2014	\$5,143.53
7/15/2014	\$5,143.53
8/15/2014	\$5,143.53
TOTAL INSTALLMENTS PAID IN 2014:	
	\$30,861.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-41343	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-41343	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41343	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41394** BENCHMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$660.27
4/15/2014	\$660.27
5/15/2014	\$660.27
6/15/2014	\$660.27
7/15/2014	\$660.27
8/15/2014	\$660.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,961.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41394	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-41394	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-41394	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **41424** PENNSYLVANIA MANUFACTURERS INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41424	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41424	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-41424	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

Auto Theft Authority Assessment for 1 vehicles covered during 1/1/2014 to 6/30/2014	\$0.50
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FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41459** ARMED FORCES INSURANCE EXCHANGE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	RE	RECIPROCAL (INSURANCE EXCHANGE)

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,668.89
4/15/2014	\$4,668.89
5/15/2014	\$4,668.89
6/15/2014	\$4,668.89
7/15/2014	\$4,668.89
8/15/2014	\$4,668.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$28,013.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41459	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41459	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **41483** FARMINGTON CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-41483	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-41483	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41483	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41491** GEICO CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$167,528.92
4/15/2014	\$167,528.92
5/15/2014	\$167,528.92
6/15/2014	\$167,528.92
7/15/2014	\$167,528.92
8/15/2014	\$167,528.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,005,173.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41491	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41491	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 274,840 vehicles covered during 7/1/2013 to 12/31/2013		\$137,420.00
Auto Theft Authority Assessment for 320,050 vehicles covered during 1/1/2014 to 6/30/2014		\$160,025.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41513** FOREMOST SIGNATURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,464.10
4/15/2014	\$2,464.10
5/15/2014	\$2,464.10
6/15/2014	\$2,464.10
7/15/2014	\$2,464.10
8/15/2014	\$2,464.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,784.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41513	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41513	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-41513	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 55 vehicles covered during 7/1/2013 to 12/31/2013		\$27.50
Auto Theft Authority Assessment for 121 vehicles covered during 1/1/2014 to 6/30/2014		\$60.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **41580** RED SHIELD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41580	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41580	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **41629** NEW ENGLAND REINSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41629	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41629	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41653** MILBANK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$57,898.16
4/15/2014	\$57,898.16
5/15/2014	\$57,898.16
6/15/2014	\$57,898.16
7/15/2014	\$57,898.16
8/15/2014	\$57,898.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$347,388.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41653	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-41653	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-41653	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 13,734 vehicles covered during 7/1/2013 to 12/31/2013		\$6,867.00
Auto Theft Authority Assessment for 13,717 vehicles covered during 1/1/2014 to 6/30/2014		\$6,858.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **41750** TRAVELERS CONSTITUTION STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41750	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41750	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **41769** TRAVELERS CASUALTY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41769	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41769	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41785** COLORADO CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,079.73
4/15/2014	\$14,079.73
5/15/2014	\$14,079.73
6/15/2014	\$14,079.73
7/15/2014	\$14,079.73
8/15/2014	\$14,079.73
TOTAL INSTALLMENTS PAID IN 2014:	
	\$84,478.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41785	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41785	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 790 vehicles covered during 7/1/2013 to 12/31/2013		\$395.00
Auto Theft Authority Assessment for 596 vehicles covered during 1/1/2014 to 6/30/2014		\$298.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41840** ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,690.76
4/15/2014	\$9,690.76
5/15/2014	\$9,690.76
6/15/2014	\$9,690.76
7/15/2014	\$9,690.76
8/15/2014	\$9,690.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$58,144.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-41840	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-41840	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-41840	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 2,049 vehicles covered during 7/1/2013 to 12/31/2013		\$1,024.50
Auto Theft Authority Assessment for 2,615 vehicles covered during 1/1/2014 to 6/30/2014		\$1,307.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **41998** AMERICAN SOUTHERN HOME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,372.64
4/15/2014	\$1,372.64
5/15/2014	\$1,372.64
6/15/2014	\$1,372.64
7/15/2014	\$1,372.64
8/15/2014	\$1,372.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,235.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-41998	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-41998	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 30 vehicles covered during 7/1/2013 to 12/31/2013		\$15.00
Auto Theft Authority Assessment for 85 vehicles covered during 1/1/2014 to 6/30/2014		\$42.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42048** DIAMOND STATE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,311.34
4/15/2014	\$3,311.34
5/15/2014	\$3,311.34
6/15/2014	\$3,311.34
7/15/2014	\$3,311.34
8/15/2014	\$3,311.34
TOTAL INSTALLMENTS PAID IN 2014:	
	\$19,868.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42048	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-42048	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-42048	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 86 vehicles covered during 7/1/2013 to 12/31/2013		\$43.00
Auto Theft Authority Assessment for 46 vehicles covered during 1/1/2014 to 6/30/2014		\$23.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42129** UNITED SECURITY ASSURANCE COMPANY OF PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-42129	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-42129	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42226** PRINCETON INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42226	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42226	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-42226	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42234** MINNESOTA LAWYERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42234	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42234	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42242** MOUNTAINPOINT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42269** MAJESTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42269	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42269	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42307** NAVIGATORS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$31,070.92
4/15/2014	\$31,070.92
5/15/2014	\$31,070.92
6/15/2014	\$31,070.92
7/15/2014	\$31,070.92
8/15/2014	\$31,070.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$186,425.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-42307	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-42307	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42307	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 12 vehicles covered during 7/1/2013 to 12/31/2013		\$6.00
Auto Theft Authority Assessment for 126 vehicles covered during 1/1/2014 to 6/30/2014		\$63.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42331** GUIDEONE AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$310.32
4/15/2014	\$580.32
5/15/2014	\$445.32
6/15/2014	\$445.32
7/15/2014	\$445.32
8/15/2014	\$445.32
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,671.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42331	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42331	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42374** HOUSTON CASUALTY COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42376** TECHNOLOGY INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,486.87
4/15/2014	\$2,486.87
5/15/2014	\$2,486.87
6/15/2014	\$2,486.87
7/15/2014	\$2,486.87
8/15/2014	\$2,486.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,921.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42376	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42376	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 150 vehicles covered during 7/1/2013 to 12/31/2013		\$75.00
Auto Theft Authority Assessment for 252 vehicles covered during 1/1/2014 to 6/30/2014		\$126.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42390** AMGUARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42390	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-42390	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-42390	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42404** LIBERTY INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$106,306.75
4/15/2014	\$106,306.75
5/15/2014	\$106,306.75
6/15/2014	\$106,306.75
7/15/2014	\$106,306.75
8/15/2014	\$106,306.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$637,840.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42404	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42404	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 1,108 vehicles covered during 7/1/2013 to 12/31/2013		\$554.00
Auto Theft Authority Assessment for 801 vehicles covered during 1/1/2014 to 6/30/2014		\$400.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42439** TOA REINSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42439	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42439	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42447** NATIONAL GENERAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$25,084.17
4/15/2014	\$25,084.17
5/15/2014	\$25,084.17
6/15/2014	\$25,084.17
7/15/2014	\$25,084.17
8/15/2014	\$25,084.17
TOTAL INSTALLMENTS PAID IN 2014:	
	\$150,505.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42447	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42447	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 38,222 vehicles covered during 7/1/2013 to 12/31/2013		\$19,111.00
Auto Theft Authority Assessment for 44,006 vehicles covered during 1/1/2014 to 6/30/2014		\$22,003.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42552** NOVA CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,796.51
4/15/2014	\$7,796.51
5/15/2014	\$7,796.51
6/15/2014	\$7,796.51
7/15/2014	\$7,796.51
8/15/2014	\$7,796.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$46,779.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42552	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42552	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-42552	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 118 vehicles covered during 7/1/2013 to 12/31/2013		\$59.00
Auto Theft Authority Assessment for 347 vehicles covered during 1/1/2014 to 6/30/2014		\$173.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42579** ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,005.60
4/15/2014	\$8,005.60
5/15/2014	\$8,005.60
6/15/2014	\$8,005.60
7/15/2014	\$8,005.60
8/15/2014	\$8,005.60
TOTAL INSTALLMENTS PAID IN 2014:	
	\$48,033.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42579	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42579	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 20 vehicles covered during 7/1/2013 to 12/31/2013		\$10.00
Auto Theft Authority Assessment for 1,082 vehicles covered during 1/1/2014 to 6/30/2014		\$541.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42587** DEPOSITORS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$76,026.51
4/15/2014	\$76,026.51
5/15/2014	\$76,026.51
6/15/2014	\$76,026.51
7/15/2014	\$76,026.51
8/15/2014	\$76,026.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$456,159.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42587	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42587	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 17,287 vehicles covered during 7/1/2013 to 12/31/2013		\$8,643.50
Auto Theft Authority Assessment for 16,508 vehicles covered during 1/1/2014 to 6/30/2014		\$8,254.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42609** AFFIRMATIVE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42609	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42609	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 53 vehicles covered during 7/1/2013 to 12/31/2013		\$26.50
Auto Theft Authority Assessment for 50 vehicles covered during 1/1/2014 to 6/30/2014		\$25.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42617** | MAG MUTUAL INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	AS	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	MU	MUTUAL INCORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42706** ROCHE SURETY AND CASUALTY COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42706	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42722** AMERICAN MODERN PROPERTY AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42749** TRADERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42749	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42749	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42757** AGRI GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$579.68
4/15/2014	\$579.68
5/15/2014	\$579.68
6/15/2014	\$579.68
7/15/2014	\$579.68
8/15/2014	\$579.68
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,478.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42757	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42757	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42765** CENTURION CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42765	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-42765	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-42765	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42803** GUIDEONE ELITE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,290.98
4/15/2014	\$1,560.98
5/15/2014	\$1,425.98
6/15/2014	\$1,425.98
7/15/2014	\$1,425.98
8/15/2014	\$1,425.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,555.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42803	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42803	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42862** UNIVERSAL CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$425.41
4/15/2014	\$425.41
5/15/2014	\$425.41
6/15/2014	\$425.41
7/15/2014	\$425.41
8/15/2014	\$425.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,552.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42862	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-42862	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-42862	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 421 vehicles covered during 7/1/2013 to 12/31/2013		\$210.50
Auto Theft Authority Assessment for 148 vehicles covered during 1/1/2014 to 6/30/2014		\$74.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42870** HEARTLAND INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42889** VICTORIA FIRE & CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42889	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42889	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 40 vehicles covered during 7/1/2013 to 12/31/2013		\$20.00
Auto Theft Authority Assessment for 35 vehicles covered during 1/1/2014 to 6/30/2014		\$17.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42897** AMERICAN SERVICE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,915.05
4/15/2014	\$3,915.05
5/15/2014	\$3,915.05
6/15/2014	\$3,915.05
7/15/2014	\$3,915.05
8/15/2014	\$3,915.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,490.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42897	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42897	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 360 vehicles covered during 7/1/2013 to 12/31/2013		\$180.00
Auto Theft Authority Assessment for 566 vehicles covered during 1/1/2014 to 6/30/2014		\$283.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42919** PROGRESSIVE NORTHWESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,248.80
4/15/2014	\$8,248.80
5/15/2014	\$8,248.80
6/15/2014	\$8,248.80
7/15/2014	\$8,248.80
8/15/2014	\$8,248.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$49,492.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-42919	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-42919	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 3,007 vehicles covered during 7/1/2013 to 12/31/2013		\$1,503.50
Auto Theft Authority Assessment for 2,775 vehicles covered during 1/1/2014 to 6/30/2014		\$1,387.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42978** AMERICAN SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$29,273.53
4/15/2014	\$29,273.53
5/15/2014	\$29,273.53
6/15/2014	\$29,273.53
7/15/2014	\$29,273.53
8/15/2014	\$29,273.53
TOTAL INSTALLMENTS PAID IN 2014:	
	\$175,641.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-42978	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-42978	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42978	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **42986** STANDARD GUARANTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$57,920.99
4/15/2014	\$57,920.99
5/15/2014	\$57,920.99
6/15/2014	\$57,920.99
7/15/2014	\$57,920.99
8/15/2014	\$57,920.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$347,525.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42986	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42986	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
HCA15-42986	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **42994** PROGRESSIVE CLASSIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-42994	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-42994	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 47 vehicles covered during 7/1/2013 to 12/31/2013		\$23.50
Auto Theft Authority Assessment for 42 vehicles covered during 1/1/2014 to 6/30/2014		\$21.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **43044** RESPONSE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-43044	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-43044	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1 vehicles covered during 7/1/2013 to 12/31/2013		\$0.50
Auto Theft Authority Assessment for 122 vehicles covered during 1/1/2014 to 6/30/2014		\$61.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **43117** AMERICAN EQUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **43460** ASPEN AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,094.46
4/15/2014	\$4,094.46
5/15/2014	\$4,094.46
6/15/2014	\$4,094.46
7/15/2014	\$4,094.46
8/15/2014	\$4,094.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,566.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-43460	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-43460	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **43494** AMERICAN HALLMARK INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$901.84
4/15/2014	\$901.84
5/15/2014	\$901.84
6/15/2014	\$901.84
7/15/2014	\$901.84
8/15/2014	\$901.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,411.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-43494	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-43494	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 68 vehicles covered during 7/1/2013 to 12/31/2013		\$34.00
Auto Theft Authority Assessment for 9 vehicles covered during 1/1/2014 to 6/30/2014		\$4.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **43575** INDEMNITY INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,628.57
4/15/2014	\$2,628.57
5/15/2014	\$2,628.57
6/15/2014	\$2,628.57
7/15/2014	\$2,628.57
8/15/2014	\$2,628.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,771.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-43575	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
MAP15-43575	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-43575	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 96 vehicles covered during 7/1/2013 to 12/31/2013		\$48.00
Auto Theft Authority Assessment for 170 vehicles covered during 1/1/2014 to 6/30/2014		\$85.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **43699** FARMERS SPECIALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-43699	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-43699	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **43702** TOWER NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$948.41
4/15/2014	\$948.41
5/15/2014	\$948.41
6/15/2014	\$948.41
7/15/2014	\$948.41
8/15/2014	\$948.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,690.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-43702	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-43702	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **43753** REPUBLIC INDEMNITY COMPANY OF CALIFORNIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-43753	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-43753	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **43770** CLINIC MUTUAL INSURANCE COMPANY RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **43915** RAINIER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **43974** 21ST CENTURY INDEMNITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,876.13
4/15/2014	\$1,876.13
5/15/2014	\$1,876.13
6/15/2014	\$1,876.13
7/15/2014	\$1,876.13
8/15/2014	\$1,876.13
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,256.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-43974	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-43974	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-43974	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
Auto Theft Authority Assessment for 645 vehicles covered during 7/1/2013 to 12/31/2013		\$322.50
Auto Theft Authority Assessment for 564 vehicles covered during 1/1/2014 to 6/30/2014		\$282.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **44016** NATIONAL HOME INS. CO., A RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44075** STATES SELF-INSURERS RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44083** PREFERRED PHYSICIANS MEDICAL RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,867.26
4/15/2014	\$21,480.68
5/15/2014	\$21,480.68
6/15/2014	\$21,480.68
7/15/2014	\$21,480.68
8/15/2014	\$21,480.68
TOTAL INSTALLMENTS PAID IN 2014:	
	\$130,270.66

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44105** OPTHALMIC MUTUAL INS. CO., RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,714.68
4/15/2014	\$4,714.68
5/15/2014	\$4,714.68
6/15/2014	\$4,714.68
7/15/2014	\$4,714.68
8/15/2014	\$4,714.68
TOTAL INSTALLMENTS PAID IN 2014:	
	\$28,288.08

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44121** OMS NATIONAL INSURANCE COMPANY, RISK RETENTION GROUP

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,529.17
4/15/2014	\$3,529.17
5/15/2014	\$3,529.17
6/15/2014	\$3,529.17
7/15/2014	\$3,529.17
8/15/2014	\$3,529.17
TOTAL INSTALLMENTS PAID IN 2014:	
	\$21,175.02

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44130** PARATRANSIT INSURANCE COMPANY, A MUTUAL RISK RETENTION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44148** ARCHITECTS & ENGINEERS INSURANCE COMPANY, INC., A RRG

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44237** MENTAL HEALTH RISK RETENTION GROUP, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	RG	RISK RETENTION GROUP
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	\$0.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	\$0.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,106.99
4/15/2014	\$1,106.99
5/15/2014	\$1,106.99
6/15/2014	\$1,106.99
7/15/2014	\$1,106.99
8/15/2014	\$1,106.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,641.94

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$0.00
Annual Statement Filing Fee	\$0.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44300** TOWER INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,215.36
4/15/2014	\$3,215.36
5/15/2014	\$3,215.36
6/15/2014	\$3,215.36
7/15/2014	\$3,215.36
8/15/2014	\$6,430.72
TOTAL INSTALLMENTS PAID IN 2014:	
	\$22,507.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-44300	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-44300	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44318** ADMIRAL INDEMNITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-44318	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-44318	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **44369** IMPERIAL FIRE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-44369	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-44369	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 118 vehicles covered during 7/1/2013 to 12/31/2013		\$59.00
Auto Theft Authority Assessment for 61 vehicles covered during 1/1/2014 to 6/30/2014		\$30.50

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **44393** WEST AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,010.09
4/15/2014	\$3,010.09
5/15/2014	\$3,010.09
6/15/2014	\$3,010.09
7/15/2014	\$3,010.09
8/15/2014	\$3,010.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,060.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
MAP15-44393	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
FRA15-44393	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
Auto Theft Authority Assessment for 277 vehicles covered during 7/1/2013 to 12/31/2013		\$138.50
Auto Theft Authority Assessment for 282 vehicles covered during 1/1/2014 to 6/30/2014		\$141.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **44695** PROGRESSIVE PALOVERDE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	PC	PROPERTY & CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,086.38
4/15/2014	\$3,086.38
5/15/2014	\$3,086.38
6/15/2014	\$3,086.38
7/15/2014	\$3,086.38
8/15/2014	\$3,086.38
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,518.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-44695	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-44695	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00
Auto Theft Authority Assessment for 1,095 vehicles covered during 7/1/2013 to 12/31/2013		\$547.50
Auto Theft Authority Assessment for 1,032 vehicles covered during 1/1/2014 to 6/30/2014		\$516.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **45934** AMERICAN COMPENSATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	CI	CASUALTY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-45934	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
MAP15-45934	Assessment Fund for Voluntary Plans [ARS § 20-2201(D)]	\$200.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **47012** SIGHTCARE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2009

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 55:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,200.68
4/15/2014	\$4,200.68
5/15/2014	\$4,200.68
6/15/2014	\$4,200.68
7/15/2014	\$4,200.68
8/15/2014	\$4,200.68
TOTAL INSTALLMENTS PAID IN 2014:	
	\$25,204.08

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **47013** CIGNA DENTAL HEALTH PLAN OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$42,977.24
4/15/2014	\$42,977.24
5/15/2014	\$42,977.24
6/15/2014	\$42,977.24
7/15/2014	\$42,977.24
8/15/2014	\$42,977.24
TOTAL INSTALLMENTS PAID IN 2014:	
	\$257,863.44

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **47708** UNITED DENTAL CARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,447.79
4/15/2014	\$15,447.79
5/15/2014	\$15,447.79
6/15/2014	\$15,447.79
7/15/2014	\$15,447.79
8/15/2014	\$15,447.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$92,686.74

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50016** TITLE RESOURCES GUARANTY COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50016	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50020** DAKOTA HOMESTEAD TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50020	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50026** PREMIER LAND TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50026	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50050** WESTCOR LAND TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50050	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50083** COMMONWEALTH LAND TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50083	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50121** STEWART TITLE GUARANTY COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50121	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50130** NORTH AMERICAN TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50229** CHICAGO TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50229	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50369** INVESTORS TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50369	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50440** REAL ADVANTAGE TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50440	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	50520	OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY
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Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50520	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **50814** FIRST AMERICAN TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-50814	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **51020** NATIONAL TITLE INSURANCE OF NEW YORK INC.

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-51020	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **51152** WFG NATIONAL TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-51152	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **51411** AMERICAN GUARANTY TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-51411	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **51586** FIDELITY NATIONAL TITLE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-51586	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **51624** FIRST AMERICAN TITLE GUARANTY COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-51624	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **51632** ENTITILE INSURANCE COMPANY

Download Form E-TITLE from the NAIC OPTins web site (www.optins.org) or our web site, and save it to your computer. Complete form E-TITLE. Pay fees shown on this report PLUS the retaliation computed on Form E-TITLE. Either make your filing using the NAIC OPTins system (and include the computed Form E-TITLE as a file attachment) or send this form with Form E-TITLE and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	TI	TITLE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-51632	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **52120** TOTAL DENTAL ADMINISTRATORS HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,609.28
4/15/2014	\$22,609.28
5/15/2014	\$22,609.28
6/15/2014	\$22,609.28
7/15/2014	\$22,609.28
8/15/2014	\$22,609.28
TOTAL INSTALLMENTS PAID IN 2014:	
	\$135,655.68

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **53090** EMPLOYERS DENTAL SERVICES, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$32,331.24
4/15/2014	\$32,331.24
5/15/2014	\$32,331.24
6/15/2014	\$32,331.24
7/15/2014	\$32,331.24
8/15/2014	\$32,331.24
TOTAL INSTALLMENTS PAID IN 2014:	
	\$193,987.44

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **53589** BLUE CROSS AND BLUE SHIELD OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2009

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 55:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,983,098.80
4/15/2014	\$1,983,098.80
5/15/2014	\$1,983,098.80
6/15/2014	\$1,983,098.80
7/15/2014	\$1,983,098.80
8/15/2014	\$1,983,098.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,898,592.80

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **53597** ARIZONA DENTAL INSURANCE SERVICE, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2009

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	SC	SERVICE CORPORATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 55:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$96,151.44
4/15/2014	\$96,151.44
5/15/2014	\$96,151.44
6/15/2014	\$96,151.44
7/15/2014	\$96,151.44
8/15/2014	\$96,151.44
TOTAL INSTALLMENTS PAID IN 2014:	
	\$576,908.64

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56006** TRAVELERS PROTECTIVE ASSOCIATION OF AMERICA, THE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56006	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	56014	THRIVENT FINANCIAL FOR LUTHERANS
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56014	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56030** CATHOLIC FINANCIAL LIFE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56030	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56073** NATIONAL MUTUAL BENEFIT

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56073	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56154** GLEANER LIFE INSURANCE SOCIETY

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56154	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56170** WOMAN'S LIFE INSURANCE SOCIETY

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56170	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56227** KSKJ LIFE, AMERICAN SLOVENIAN CATHOLIC UNION

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56227	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **56332** FIRST CATHOLIC SLOVAK LADIES ASSOC. OF THE USA, THE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56332	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	56340	FIRST CATHOLIC SLOVAK UNION OF THE US OF AMER & CAN,THE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56340	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	56383	ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA, THE
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Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56383	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56499** ASSURED LIFE ASSOCIATION

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56499	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56634** CROATIAN FRATERNAL UNION OF AMERICA

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56634	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56693** GREEK CATHOLIC UNION OF THE U.S.A

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56693	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **56758** LOYAL CHRISTIAN BENEFIT ASSOCIATION

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56758	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **56782** NATIONAL SLOVAK SOCIETY OF THE USA, THE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-56782	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **57088** DEGREE OF HONOR PROTECTIVE ASSOCIATION

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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57088	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **57142** SONS OF NORWAY

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57142	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **57223** BAPTIST LIFE ASSOCIATION

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57223	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	57320	WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57320	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **57347** CATHOLIC LIFE INSURANCE

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57347	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **57487** CATHOLIC ORDER OF FORESTERS

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57487	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **57541** MODERN WOODMEN OF AMERICA

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57541	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **57622** POLISH NATIONAL ALLIANCE OF THE U.S. OF N.A.

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57622	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **57657** ROYAL NEIGHBORS OF AMERICA

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57657	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **57673** SLOVENE NATIONAL BENEFIT SOCIETY

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57673	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **57991** EVERENCE ASSOCIATION, INC.

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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-57991	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **58033** KNIGHTS OF COLUMBUS

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INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-58033	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **58068** INDEPENDENT ORDER OF FORESTERS, THE (U.S. BRANCH)

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-58068	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **58181** SUPREME COUNCIL OF THE ROYAL ARCANUM

Download Form E-FBS from the NAIC OPTins web site (www.optins.org) or our web site , save to your computer. Complete, print, sign and submit Form E-FBS with the calculated payment due. Either make your filing using the NAIC OPTins system (and include the computed Form E-FBS as a file attachment) or send this form with Form E-FBS and your payment to our office on or before March 1. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	FB	FRATERNAL BENEFIT SOCIETY
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee	Code 54:	\$30.00
Annual Statement Filing Fee	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-58181	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$30.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60003** PARK AVENUE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-60003	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-60003	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60008** ROCKFORD LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60025** EXPRESS SCRIPTS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60043** DUPAGE LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60052** HUMANA BENEFIT PLAN OF ILLINOIS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60052	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60052	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60054** AETNA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$808,881.29
4/15/2014	\$808,881.29
5/15/2014	\$808,881.29
6/15/2014	\$808,881.29
7/15/2014	\$808,881.29
8/15/2014	\$808,881.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,853,287.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60054	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60054	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60078** HALLMARK LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60117** TUFTS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-60117	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-60117	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60118** NORTH AMERICAN NATIONAL RE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60142** TIAA-CREF LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$25,800.92
4/15/2014	\$25,800.92
5/15/2014	\$25,800.92
6/15/2014	\$25,800.92
7/15/2014	\$25,800.92
8/15/2014	\$25,800.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$154,805.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60142	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60142	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60183** S.USA LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60186** ALLSTATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$27,523.03
4/15/2014	\$27,523.03
5/15/2014	\$27,523.03
6/15/2014	\$27,523.03
7/15/2014	\$27,523.03
8/15/2014	\$27,523.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$165,138.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60186	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60186	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	60188	SUPERIOR VISION INSURANCE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60216** AMALGAMATED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,142.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,142.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60216	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60216	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60232** PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60232	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60237** PREMIER ACCESS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,428.33
4/15/2014	\$4,428.33
5/15/2014	\$4,428.33
6/15/2014	\$4,428.33
7/15/2014	\$4,428.34
8/15/2014	\$4,428.34
TOTAL INSTALLMENTS PAID IN 2014:	
	\$26,570.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60237	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60237	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60250** AMFIRST INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60250	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60275** AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,205.77
4/15/2014	\$4,205.77
5/15/2014	\$4,205.77
6/15/2014	\$4,205.77
7/15/2014	\$4,205.77
8/15/2014	\$4,205.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$25,234.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60275	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60275	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60348** ACE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60348	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60348	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60380** AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$193,373.89
4/15/2014	\$193,373.89
5/15/2014	\$193,373.89
6/15/2014	\$193,373.89
7/15/2014	\$193,373.89
8/15/2014	\$193,373.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,160,243.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60380	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60380	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60399** AMERICAN FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$62,108.91
4/15/2014	\$62,839.33
5/15/2014	\$62,474.12
6/15/2014	\$62,474.12
7/15/2014	\$62,474.12
8/15/2014	\$62,474.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$374,844.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60399	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60399	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60410** AMERICAN FIDELITY ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,268.87
4/15/2014	\$22,268.87
5/15/2014	\$22,268.87
6/15/2014	\$22,268.87
7/15/2014	\$22,268.87
8/15/2014	\$22,268.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$133,613.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60410	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60410	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60429** AMERICAN FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$623.52
4/15/2014	\$623.52
5/15/2014	\$623.52
6/15/2014	\$623.52
7/15/2014	\$623.52
8/15/2014	\$623.52
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,741.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60429	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60429	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60445** SAGICOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,104.74
4/15/2014	\$3,104.74
5/15/2014	\$3,104.74
6/15/2014	\$3,104.74
7/15/2014	\$3,104.74
8/15/2014	\$3,104.74
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,628.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60445	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60445	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60488** AMERICAN GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$113,540.45
4/15/2014	\$113,540.45
5/15/2014	\$113,540.45
6/15/2014	\$113,540.45
7/15/2014	\$113,540.45
8/15/2014	\$113,540.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$681,242.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60488	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60488	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60518** AMERICAN HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,013.57
4/15/2014	\$4,013.57
5/15/2014	\$4,013.57
6/15/2014	\$4,013.57
7/15/2014	\$4,013.57
8/15/2014	\$4,013.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,081.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60518	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60518	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60534** AMERICAN HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$30,331.58
4/15/2014	\$30,331.58
5/15/2014	\$30,331.58
6/15/2014	\$30,331.58
7/15/2014	\$30,331.58
8/15/2014	\$30,331.58
TOTAL INSTALLMENTS PAID IN 2014:	
	\$181,989.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60534	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60534	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60542** AMERICAN HOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,505.05
4/15/2014	\$1,505.05
5/15/2014	\$1,505.05
6/15/2014	\$1,505.05
7/15/2014	\$1,505.05
8/15/2014	\$1,505.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,030.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60542	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60542	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60577** AMERICAN INCOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$28,701.19
4/15/2014	\$28,701.07
5/15/2014	\$28,701.19
6/15/2014	\$28,701.19
7/15/2014	\$28,701.19
8/15/2014	\$28,701.19
TOTAL INSTALLMENTS PAID IN 2014:	
	\$172,207.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60577	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60577	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60704** WILTON REASSURANCE LIFE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$866.59
4/15/2014	\$866.59
5/15/2014	\$866.59
6/15/2014	\$866.59
7/15/2014	\$866.59
8/15/2014	\$866.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,199.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60704	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60704	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **60739** AMERICAN NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$30,405.89
4/15/2014	\$30,405.89
5/15/2014	\$30,405.89
6/15/2014	\$30,405.89
7/15/2014	\$30,405.89
8/15/2014	\$30,405.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$182,435.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60739	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60739	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60763** AMERICAN PIONEER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,277.00
4/15/2014	\$1,277.00
5/15/2014	\$1,277.00
6/15/2014	\$1,277.00
7/15/2014	\$1,277.00
8/15/2014	\$1,277.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,662.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60763	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60763	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60801** AMERICAN PUBLIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,832.59
4/15/2014	\$3,832.59
5/15/2014	\$3,832.59
6/15/2014	\$3,832.59
7/15/2014	\$3,832.59
8/15/2014	\$3,832.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$22,995.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60801	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60801	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60836** AMERICAN REPUBLIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$30,576.23
4/15/2014	\$30,576.23
5/15/2014	\$30,576.23
6/15/2014	\$30,576.23
7/15/2014	\$30,576.23
8/15/2014	\$30,576.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$183,457.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60836	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60836	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60895** AMERICAN UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$26,437.07
4/15/2014	\$26,437.07
5/15/2014	\$26,437.07
6/15/2014	\$26,437.07
7/15/2014	\$26,437.07
8/15/2014	\$26,437.07
TOTAL INSTALLMENTS PAID IN 2014:	
	\$158,622.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60895	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60895	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **60984** COMPBENEFITS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-60984	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-60984	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61069** ANTHEM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,276.80
4/15/2014	\$1,276.80
5/15/2014	\$1,276.80
6/15/2014	\$1,276.80
7/15/2014	\$1,276.80
8/15/2014	\$1,276.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,660.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61069	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61069	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61182** AURORA NATIONAL LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,450.92
4/15/2014	\$1,450.92
5/15/2014	\$1,450.92
6/15/2014	\$1,450.92
7/15/2014	\$1,450.92
8/15/2014	\$1,450.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,705.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61182	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61182	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61190** AUTO-OWNERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,781.90
4/15/2014	\$4,781.90
5/15/2014	\$4,781.90
6/15/2014	\$4,781.90
7/15/2014	\$4,781.90
8/15/2014	\$4,781.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$28,691.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61190	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61190	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61212** BALTIMORE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,554.29
4/15/2014	\$2,554.29
5/15/2014	\$2,554.29
6/15/2014	\$2,554.29
7/15/2014	\$2,554.29
8/15/2014	\$2,554.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,325.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61212	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61212	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61239** BANKERS FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$863.77
4/15/2014	\$863.77
5/15/2014	\$863.77
6/15/2014	\$863.77
7/15/2014	\$863.77
8/15/2014	\$863.77
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,182.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61239	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61239	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61263** BANKERS LIFE AND CASUALTY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$48,592.26
4/15/2014	\$48,595.79
5/15/2014	\$48,595.79
6/15/2014	\$48,595.79
7/15/2014	\$48,595.79
8/15/2014	\$48,595.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$291,571.21

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61263	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61263	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61271** PRINCIPAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$139,351.16
4/15/2014	\$139,351.16
5/15/2014	\$139,351.16
6/15/2014	\$139,351.16
7/15/2014	\$139,351.16
8/15/2014	\$139,351.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$836,106.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61271	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61271	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61301** AMERITAS LIFE INSURANCE CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$42,790.22
4/15/2014	\$42,790.22
5/15/2014	\$42,790.22
6/15/2014	\$42,790.22
7/15/2014	\$42,790.22
8/15/2014	\$42,790.22
TOTAL INSTALLMENTS PAID IN 2014:	
	\$256,741.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61301	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61301	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61360** RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,753.73
4/15/2014	\$2,753.73
5/15/2014	\$2,753.73
6/15/2014	\$2,753.73
7/15/2014	\$2,753.73
8/15/2014	\$2,753.73
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,522.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61360	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61360	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61395** BENEFICIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,848.28
4/15/2014	\$11,848.28
5/15/2014	\$11,848.28
6/15/2014	\$11,848.28
7/15/2014	\$11,848.28
8/15/2014	\$11,848.28
TOTAL INSTALLMENTS PAID IN 2014:	
	\$71,089.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61395	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61395	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61409** NATIONAL BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,174.92
4/15/2014	\$1,174.92
5/15/2014	\$1,174.92
6/15/2014	\$1,174.92
7/15/2014	\$1,174.92
8/15/2014	\$1,174.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,049.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61409	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61409	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61425** TRUSTMARK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,042.22
4/15/2014	\$16,042.22
5/15/2014	\$16,042.22
6/15/2014	\$16,042.22
7/15/2014	\$16,042.22
8/15/2014	\$16,042.22
TOTAL INSTALLMENTS PAID IN 2014:	
	\$96,253.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61425	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61425	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61476** BOSTON MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,047.42
4/15/2014	\$1,047.42
5/15/2014	\$1,047.42
6/15/2014	\$1,047.42
7/15/2014	\$1,047.42
8/15/2014	\$1,047.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,284.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61476	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61476	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61492** ATHENE ANNUITY & LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,316.09
4/15/2014	\$7,316.09
5/15/2014	\$7,316.09
6/15/2014	\$7,316.09
7/15/2014	\$7,316.09
8/15/2014	\$7,316.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$43,896.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61492	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61492	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61506** RESOURCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61506	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61506	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61581** CAPITOL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61581	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61581	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name	61689	ATHENE ANNUITY AND LIFE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$60,262.83
4/15/2014	\$61,294.57
5/15/2014	\$60,778.70
6/15/2014	\$60,778.70
7/15/2014	\$60,778.70
8/15/2014	\$60,778.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$364,672.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61689	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61689	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61700** RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,850.80
4/15/2014	\$2,850.80
5/15/2014	\$2,850.80
6/15/2014	\$2,850.80
7/15/2014	\$2,850.80
8/15/2014	\$2,850.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$17,104.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61700	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61727** CENTRAL RESERVE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61727	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61727	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61735** CENTRAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61735	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61735	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61751** CENTRAL STATES HEALTH & LIFE CO. OF OMAHA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$796.51
4/15/2014	\$796.51
5/15/2014	\$796.51
6/15/2014	\$796.51
7/15/2014	\$796.51
8/15/2014	\$796.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,779.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61751	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61751	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61808** CHARTER NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61808	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61808	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61832** CHESAPEAKE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,515.49
4/15/2014	\$10,515.49
5/15/2014	\$10,515.49
6/15/2014	\$10,515.49
7/15/2014	\$10,515.49
8/15/2014	\$10,515.49
TOTAL INSTALLMENTS PAID IN 2014:	
	\$63,092.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61832	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61832	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61859** CHRISTIAN FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$307.54
4/15/2014	\$307.54
5/15/2014	\$307.54
6/15/2014	\$307.54
7/15/2014	\$307.54
8/15/2014	\$307.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,845.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61859	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61859	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61875** CHURCH LIFE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$787.33
4/15/2014	\$787.33
5/15/2014	\$787.33
6/15/2014	\$787.33
7/15/2014	\$787.33
8/15/2014	\$787.33
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,723.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-61875	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-61875	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **61883** CENTRAL UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,577.93
4/15/2014	\$1,577.93
5/15/2014	\$1,577.93
6/15/2014	\$1,577.93
7/15/2014	\$1,577.93
8/15/2014	\$1,577.93
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,467.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61883	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61883	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **61999** AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,791.92
4/15/2014	\$7,791.92
5/15/2014	\$7,791.92
6/15/2014	\$7,791.92
7/15/2014	\$7,791.92
8/15/2014	\$7,791.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$46,751.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-61999	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-61999	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62049** COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$64,103.38
4/15/2014	\$64,103.38
5/15/2014	\$64,103.38
6/15/2014	\$64,103.38
7/15/2014	\$64,103.38
8/15/2014	\$64,103.38
TOTAL INSTALLMENTS PAID IN 2014:	
	\$384,620.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62049	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62049	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62057** LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$414.78
4/15/2014	\$414.78
5/15/2014	\$414.78
6/15/2014	\$414.78
7/15/2014	\$414.78
8/15/2014	\$414.78
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,488.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62057	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62057	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62065** COLONIAL PENN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$17,874.80
4/15/2014	\$17,874.80
5/15/2014	\$17,874.80
6/15/2014	\$17,874.80
7/15/2014	\$17,874.80
8/15/2014	\$17,874.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$107,248.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62065	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62065	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62103** COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,250.30
4/15/2014	\$5,250.30
5/15/2014	\$5,250.30
6/15/2014	\$5,250.30
7/15/2014	\$5,250.30
8/15/2014	\$5,250.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$31,501.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62103	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62103	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62146** COMBINED INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,479.69
4/15/2014	\$10,479.69
5/15/2014	\$10,479.69
6/15/2014	\$10,479.69
7/15/2014	\$10,479.69
8/15/2014	\$10,479.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$62,878.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62146	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62146	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62154** FREMONT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62200** ACCORDIA LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62200	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62200	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62235** UNUM LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ME	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$140,153.98
4/15/2014	\$140,153.98
5/15/2014	\$140,153.98
6/15/2014	\$140,153.98
7/15/2014	\$140,153.98
8/15/2014	\$140,153.98
TOTAL INSTALLMENTS PAID IN 2014:	
	\$840,923.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62235	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62235	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62286** GOLDEN RULE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$415,966.39
4/15/2014	\$415,966.39
5/15/2014	\$415,966.39
6/15/2014	\$415,966.39
7/15/2014	\$415,966.39
8/15/2014	\$415,966.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,495,798.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62286	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62286	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62294** UNITED CONCORDIA LIFE AND HEALTH INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62308** CONNECTICUT GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$129,520.34
4/15/2014	\$129,520.34
5/15/2014	\$129,520.34
6/15/2014	\$129,520.34
7/15/2014	\$129,520.34
8/15/2014	\$151,777.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$799,379.53

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62324** FREEDOM LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,140.45
4/15/2014	\$11,140.45
5/15/2014	\$11,140.45
6/15/2014	\$11,140.45
7/15/2014	\$11,140.45
8/15/2014	\$11,140.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$66,842.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62324	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62324	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62332** WESTPORT LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62345** BERKSHIRE HATHAWAY LIFE INSURANCE COMPANY OF NEBRASKA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62345	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62359** CONSTITUTION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$856.38
4/15/2014	\$856.38
5/15/2014	\$856.38
6/15/2014	\$856.38
7/15/2014	\$856.38
8/15/2014	\$856.38
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,138.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62359	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62359	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62375** CONSUMERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62375	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62375	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62383** CENTURION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62383	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62383	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62413** CONTINENTAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,110.85
4/15/2014	\$1,110.85
5/15/2014	\$1,110.85
6/15/2014	\$1,110.85
7/15/2014	\$1,110.85
8/15/2014	\$1,110.85
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,665.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62413	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62413	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62421** HERITAGE UNION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62421	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62421	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62510** EQUITRUST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,588.59
4/15/2014	\$22,588.59
5/15/2014	\$22,588.59
6/15/2014	\$22,588.59
7/15/2014	\$22,588.59
8/15/2014	\$22,588.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$135,531.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62510	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62553** COUNTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$34,252.82
4/15/2014	\$34,252.82
5/15/2014	\$34,252.82
6/15/2014	\$34,252.82
7/15/2014	\$34,252.82
8/15/2014	\$34,252.82
TOTAL INSTALLMENTS PAID IN 2014:	
	\$205,516.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62553	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62553	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62596** UNION FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,137.86
4/15/2014	\$3,137.86
5/15/2014	\$3,137.86
6/15/2014	\$3,137.86
7/15/2014	\$3,137.86
8/15/2014	\$3,137.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,827.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62596	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62596	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62626** CMFG LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$36,562.27
4/15/2014	\$36,562.27
5/15/2014	\$36,562.27
6/15/2014	\$36,562.27
7/15/2014	\$36,562.27
8/15/2014	\$36,562.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$219,373.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62626	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62626	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62634** DELAWARE AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62634	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-62634	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62790** EDUCATORS LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-62790	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-62790	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62863** TRUSTMARK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$21,801.95
4/15/2014	\$21,801.95
5/15/2014	\$21,801.95
6/15/2014	\$21,801.95
7/15/2014	\$21,801.95
8/15/2014	\$21,801.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$130,811.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-62863	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-62863	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62880** AXA EQUITABLE LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$367.70
4/15/2014	\$367.70
5/15/2014	\$367.70
6/15/2014	\$367.70
7/15/2014	\$367.70
8/15/2014	\$367.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,206.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-62880	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62928** EMC NATIONAL LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,753.93
4/15/2014	\$1,753.93
5/15/2014	\$1,753.93
6/15/2014	\$1,753.93
7/15/2014	\$1,753.93
8/15/2014	\$1,753.93
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,523.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-62928	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-62928	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **62944** AXA EQUITABLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$67,663.03
4/15/2014	\$67,663.03
5/15/2014	\$67,663.03
6/15/2014	\$67,663.03
7/15/2014	\$67,663.03
8/15/2014	\$67,663.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$405,978.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-62944	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-62944	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **62952** EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$19,394.00
4/15/2014	\$19,394.00
5/15/2014	\$19,394.00
6/15/2014	\$19,394.00
7/15/2014	\$19,394.00
8/15/2014	\$19,394.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$116,364.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-62952	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-62952	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **63053** FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,671.30
4/15/2014	\$3,671.30
5/15/2014	\$3,671.30
6/15/2014	\$3,671.30
7/15/2014	\$3,671.30
8/15/2014	\$3,671.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$22,027.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63053	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63053	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63088** FARM BUREAU LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$33,638.27
4/15/2014	\$33,638.27
5/15/2014	\$33,638.27
6/15/2014	\$33,638.27
7/15/2014	\$33,638.27
8/15/2014	\$33,638.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$201,829.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63088	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63088	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **63169** SOMERSET LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63177** FARMERS NEW WORLD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$109,164.65
4/15/2014	\$109,164.65
5/15/2014	\$109,164.65
6/15/2014	\$109,164.65
7/15/2014	\$109,164.65
8/15/2014	\$109,164.65
TOTAL INSTALLMENTS PAID IN 2014:	
	\$654,987.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63177	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63177	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63223** FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$961.89
4/15/2014	\$961.89
5/15/2014	\$961.89
6/15/2014	\$961.89
7/15/2014	\$961.89
8/15/2014	\$961.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,771.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63223	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63223	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63258** FEDERATED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,952.49
4/15/2014	\$3,952.49
5/15/2014	\$3,952.49
6/15/2014	\$3,952.49
7/15/2014	\$3,952.49
8/15/2014	\$3,952.49
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,714.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63258	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63274** FIDELITY & GUARANTY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$30,304.63
4/15/2014	\$30,304.63
5/15/2014	\$30,304.63
6/15/2014	\$30,304.63
7/15/2014	\$30,304.63
8/15/2014	\$30,304.63
TOTAL INSTALLMENTS PAID IN 2014:	
	\$181,827.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63274	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63274	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63282** PENN TREATY NETWORK AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,717.61
4/15/2014	\$20,717.61
5/15/2014	\$20,717.61
6/15/2014	\$20,717.61
7/15/2014	\$20,717.61
8/15/2014	\$20,717.61
TOTAL INSTALLMENTS PAID IN 2014:	
	\$124,305.66

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **63290** FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,784.34
4/15/2014	\$7,784.34
5/15/2014	\$7,784.34
6/15/2014	\$7,784.34
7/15/2014	\$7,784.34
8/15/2014	\$7,784.34
TOTAL INSTALLMENTS PAID IN 2014:	
	\$46,706.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63290	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63290	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **63312** GREAT AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,059.87
4/15/2014	\$3,059.87
5/15/2014	\$3,059.87
6/15/2014	\$3,059.87
7/15/2014	\$3,059.87
8/15/2014	\$3,059.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,359.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63312	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63312	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **63347** NATIONAL PROTECTIVE LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63444** ACCENDO INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63444	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63444	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63479** UNITED TEACHER ASSOCIATES INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,424.26
4/15/2014	\$5,424.26
5/15/2014	\$5,424.26
6/15/2014	\$5,424.26
7/15/2014	\$5,424.26
8/15/2014	\$5,424.26
TOTAL INSTALLMENTS PAID IN 2014:	
	\$32,545.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63479	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63479	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63487** INVESTORS LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$636.99
4/15/2014	\$636.99
5/15/2014	\$636.99
6/15/2014	\$636.99
7/15/2014	\$636.99
8/15/2014	\$636.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,821.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63487	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63487	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **63495** FIRST INVESTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,790.64
4/15/2014	\$5,790.64
5/15/2014	\$5,790.64
6/15/2014	\$5,790.64
7/15/2014	\$5,790.64
8/15/2014	\$5,790.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$34,743.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63495	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63495	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63541** SEECHANGE HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63541	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63541	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63657** GARDEN STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,161.59
4/15/2014	\$1,161.59
5/15/2014	\$1,161.59
6/15/2014	\$1,161.59
7/15/2014	\$1,161.59
8/15/2014	\$1,161.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,969.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63657	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63657	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63665** GENERAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,792.05
4/15/2014	\$20,792.05
5/15/2014	\$20,792.05
6/15/2014	\$20,792.05
7/15/2014	\$20,792.05
8/15/2014	\$20,792.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$124,752.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63665	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63665	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63762** MEDCO CONTAINMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63762	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63762	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63819** UNITY FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$393.18
4/15/2014	\$393.18
5/15/2014	\$393.18
6/15/2014	\$393.18
7/15/2014	\$393.18
8/15/2014	\$393.18
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,359.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-63819	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63967** GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,062.33
4/15/2014	\$8,062.33
5/15/2014	\$8,062.33
6/15/2014	\$8,062.33
7/15/2014	\$8,062.33
8/15/2014	\$8,062.33
TOTAL INSTALLMENTS PAID IN 2014:	
	\$48,373.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63967	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63967	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **63983** UNITED HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ID	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,880.60
4/15/2014	\$2,894.70
5/15/2014	\$2,894.70
6/15/2014	\$2,894.70
7/15/2014	\$2,894.70
8/15/2014	\$2,894.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$17,354.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-63983	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-63983	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64017** JEFFERSON NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$641.71
4/15/2014	\$641.71
5/15/2014	\$641.71
6/15/2014	\$641.71
7/15/2014	\$641.71
8/15/2014	\$641.71
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,850.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64017	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64017	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64076** GREAT FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64076	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64076	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64149** EPIC LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64149	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64149	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64211** GUARANTEE TRUST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,886.86
4/15/2014	\$3,886.86
5/15/2014	\$3,886.86
6/15/2014	\$3,886.86
7/15/2014	\$3,886.86
8/15/2014	\$3,886.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,321.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64211	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64211	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64238** GUARANTY INCOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64238	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64238	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64246** GUARDIAN LIFE INSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$185,679.64
4/15/2014	\$185,679.64
5/15/2014	\$185,679.64
6/15/2014	\$185,679.64
7/15/2014	\$185,679.64
8/15/2014	\$185,679.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,114,077.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64246	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64246	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64327** HARLEYSVILLE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$335.41
4/15/2014	\$335.41
5/15/2014	\$335.41
6/15/2014	\$335.41
7/15/2014	\$335.41
8/15/2014	\$335.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,012.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64327	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64327	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64343** PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	HI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$554.14
4/15/2014	\$554.14
5/15/2014	\$554.14
6/15/2014	\$554.14
7/15/2014	\$554.14
8/15/2014	\$554.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,324.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64343	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64343	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **64360** PAVONIA LIFE INSURANCE COMPANY OF ARIZONA

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **64394** HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64467** WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64467	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64467	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64505** HOMESTEADERS LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,397.59
4/15/2014	\$4,397.59
5/15/2014	\$4,397.59
6/15/2014	\$4,397.59
7/15/2014	\$4,397.59
8/15/2014	\$4,397.59
TOTAL INSTALLMENTS PAID IN 2014:	
\$26,385.54	

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64505	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64505	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64513** HORACE MANN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,477.83
4/15/2014	\$4,477.83
5/15/2014	\$4,477.83
6/15/2014	\$4,477.83
7/15/2014	\$4,477.83
8/15/2014	\$4,477.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$26,866.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64513	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64513	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64580** ILLINOIS MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,105.46
4/15/2014	\$4,105.46
5/15/2014	\$4,105.46
6/15/2014	\$4,105.46
7/15/2014	\$4,105.46
8/15/2014	\$4,105.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,632.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64580	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64580	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64602** INDEPENDENCE LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64602	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64602	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64688** SCOR GLOBAL LIFE AMERICAS REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64688	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64688	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64696** FIRST CONTINENTAL LIFE & ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64696	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64696	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64831** INTRAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64831	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64831	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **64866** PROGRAMMED LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64890** BERKLEY LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,725.00
4/15/2014	\$1,725.00
5/15/2014	\$1,725.00
6/15/2014	\$1,725.00
7/15/2014	\$1,725.00
8/15/2014	\$1,725.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,350.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64890	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64890	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **64904** INVESTORS HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$577.43
4/15/2014	\$577.43
5/15/2014	\$577.43
6/15/2014	\$577.43
7/15/2014	\$577.43
8/15/2014	\$577.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,464.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-64904	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-64904	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65005** RIVERSOURCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$57,476.00
4/15/2014	\$57,476.00
5/15/2014	\$57,476.00
6/15/2014	\$57,475.69
7/15/2014	\$57,476.00
8/15/2014	\$57,476.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$344,855.69

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65005	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65005	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65021** STONEBRIDGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$27,447.62
4/15/2014	\$27,447.62
5/15/2014	\$27,447.62
6/15/2014	\$27,447.62
7/15/2014	\$27,447.62
8/15/2014	\$27,447.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$164,685.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65021	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65021	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65056** JACKSON NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$59,125.37
4/15/2014	\$59,125.37
5/15/2014	\$59,125.37
6/15/2014	\$59,125.37
7/15/2014	\$59,125.37
8/15/2014	\$59,125.37
TOTAL INSTALLMENTS PAID IN 2014:	
	\$354,752.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65056	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65056	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65080** JOHN ALDEN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,955.21
4/15/2014	\$3,955.21
5/15/2014	\$3,955.21
6/15/2014	\$3,955.21
7/15/2014	\$3,955.21
8/15/2014	\$3,955.21
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,731.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65080	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65080	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65110** KANAWHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,106.03
4/15/2014	\$12,106.03
5/15/2014	\$12,106.03
6/15/2014	\$12,106.03
7/15/2014	\$12,106.03
8/15/2014	\$12,106.03
TOTAL INSTALLMENTS PAID IN 2014:	
	\$72,636.18

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65110	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65110	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65129** KANSAS CITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,278.95
4/15/2014	\$10,278.95
5/15/2014	\$10,278.95
6/15/2014	\$10,278.95
7/15/2014	\$10,278.95
8/15/2014	\$10,278.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$61,673.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65129	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65129	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65242** LAFAYETTE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$36,010.16
4/15/2014	\$36,010.16
5/15/2014	\$36,010.16
6/15/2014	\$36,010.16
7/15/2014	\$36,010.16
8/15/2014	\$36,010.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$216,060.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65242	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65242	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65269** UNITED BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65269	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65269	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65315** LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$65,550.75
4/15/2014	\$65,550.75
5/15/2014	\$65,550.75
6/15/2014	\$65,550.75
7/15/2014	\$65,550.75
8/15/2014	\$65,550.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$393,304.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65315	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65315	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65331** LIBERTY NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,709.20
4/15/2014	\$9,709.05
5/15/2014	\$9,709.05
6/15/2014	\$9,709.05
7/15/2014	\$9,709.05
8/15/2014	\$9,709.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$58,254.45

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65331	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65331	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65498** LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$256,269.10
4/15/2014	\$256,269.10
5/15/2014	\$256,269.10
6/15/2014	\$256,269.10
7/15/2014	\$256,269.10
8/15/2014	\$256,269.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,537,614.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65498	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65498	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65528** LIFE INSURANCE COMPANY OF THE SOUTHWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$30,277.00
4/15/2014	\$30,277.00
5/15/2014	\$30,277.00
6/15/2014	\$30,277.00
7/15/2014	\$30,277.00
8/15/2014	\$30,277.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$181,662.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65528	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65528	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65536** GENWORTH LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$63,425.36
4/15/2014	\$63,425.36
5/15/2014	\$63,425.36
6/15/2014	\$63,425.36
7/15/2014	\$63,425.36
8/15/2014	\$63,425.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$380,552.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65536	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65536	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65595** LINCOLN BENEFIT LIFE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$91,953.54
4/15/2014	\$91,953.54
5/15/2014	\$91,953.54
6/15/2014	\$91,953.54
7/15/2014	\$91,953.54
8/15/2014	\$91,953.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$551,721.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65595	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65595	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65641** LINCOLN REPUBLIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65641	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65641	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65676** LINCOLN NATIONAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$282,216.01
4/15/2014	\$282,216.01
5/15/2014	\$282,216.01
6/15/2014	\$282,216.01
7/15/2014	\$282,216.01
8/15/2014	\$282,216.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,693,296.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65676	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65676	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65722** LOYAL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,519.75
4/15/2014	\$1,519.75
5/15/2014	\$1,519.75
6/15/2014	\$1,519.75
7/15/2014	\$1,519.75
8/15/2014	\$1,519.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,118.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65722	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65722	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65781** MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,930.00
4/15/2014	\$14,930.00
5/15/2014	\$14,930.00
6/15/2014	\$14,930.00
7/15/2014	\$14,930.00
8/15/2014	\$14,930.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$89,580.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65781	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65781	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65811** AMERICAN MODERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65811	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65811	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65838** JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$285,733.65
4/15/2014	\$285,733.65
5/15/2014	\$285,733.65
6/15/2014	\$285,733.65
7/15/2014	\$285,733.65
8/15/2014	\$285,733.65
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,714,401.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65838	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65838	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65870** MANHATTAN LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$473.30
4/15/2014	\$473.30
5/15/2014	\$473.30
6/15/2014	\$473.30
7/15/2014	\$473.30
8/15/2014	\$473.30
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,839.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65870	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65870	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65900** CONSECO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,595.57
4/15/2014	\$9,595.57
5/15/2014	\$9,595.57
6/15/2014	\$9,595.57
7/15/2014	\$9,595.57
8/15/2014	\$9,595.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$57,573.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65900	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65900	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65919** PRIMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$103,109.99
4/15/2014	\$103,109.99
5/15/2014	\$103,109.99
6/15/2014	\$103,109.99
7/15/2014	\$103,109.99
8/15/2014	\$103,109.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$618,659.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65919	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65919	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65927** LINCOLN HERITAGE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,388.41
4/15/2014	\$3,388.41
5/15/2014	\$3,388.41
6/15/2014	\$3,388.41
7/15/2014	\$3,388.41
8/15/2014	\$3,388.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,330.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65927	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65927	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65935** MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$132,767.66
4/15/2014	\$132,767.66
5/15/2014	\$132,767.66
6/15/2014	\$132,767.66
7/15/2014	\$132,767.66
8/15/2014	\$132,767.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$796,605.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65935	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65935	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **65951** MERIT LIFE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,515.01
4/15/2014	\$2,515.01
5/15/2014	\$2,515.01
6/15/2014	\$2,515.01
7/15/2014	\$2,515.01
8/15/2014	\$2,515.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,090.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65951	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65951	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65960** WINDSOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65960	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65960	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **65978** METROPOLITAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$720,593.54
4/15/2014	\$720,593.54
5/15/2014	\$720,593.54
6/15/2014	\$720,593.54
7/15/2014	\$720,593.54
8/15/2014	\$720,593.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,323,561.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-65978	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-65978	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66001** AMERICAN BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66001	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66001	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **66044** MIDLAND NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$32,632.94
4/15/2014	\$32,632.94
5/15/2014	\$32,632.94
6/15/2014	\$32,632.94
7/15/2014	\$32,632.94
8/15/2014	\$32,632.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$195,797.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66044	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66044	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66087** MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENN.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,109.63
4/15/2014	\$6,109.63
5/15/2014	\$6,109.63
6/15/2014	\$6,109.63
7/15/2014	\$6,109.63
8/15/2014	\$6,109.63
TOTAL INSTALLMENTS PAID IN 2014:	
	\$36,657.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66087	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66087	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66109** MIDWESTERN UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-66109	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-66109	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66133** WILTON REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66133	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66133	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **66141** HEALTH NET LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$500,382.95
4/15/2014	\$500,382.96
5/15/2014	\$500,382.95
6/15/2014	\$500,382.95
7/15/2014	\$500,382.95
8/15/2014	\$500,382.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,002,297.71

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-66141	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-66141	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **66168** MINNESOTA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$180,165.81
4/15/2014	\$180,165.81
5/15/2014	\$180,165.81
6/15/2014	\$180,165.81
7/15/2014	\$180,165.81
8/15/2014	\$180,165.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,080,994.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66168	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66168	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66214** HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$467.70
4/15/2014	\$467.70
5/15/2014	\$468.00
6/15/2014	\$468.00
7/15/2014	\$468.00
8/15/2014	\$468.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,807.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66214	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66214	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66230** WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-66230	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66265** MONARCH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$585.29
4/15/2014	\$585.29
5/15/2014	\$585.29
6/15/2014	\$585.29
7/15/2014	\$585.29
8/15/2014	\$585.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,511.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66265	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66265	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66281** TRANSAMERICA PREMIER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$42,215.06
4/15/2014	\$42,215.06
5/15/2014	\$42,215.06
6/15/2014	\$42,215.06
7/15/2014	\$42,215.06
8/15/2014	\$42,215.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$253,290.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66281	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66281	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66346** MUNICH AMERICAN REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66346	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66346	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66370** MONY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,487.37
4/15/2014	\$7,487.37
5/15/2014	\$7,487.37
6/15/2014	\$7,487.37
7/15/2014	\$7,487.37
8/15/2014	\$7,487.37
TOTAL INSTALLMENTS PAID IN 2014:	
	\$44,924.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66370	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66370	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **66427** MTL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,790.11
4/15/2014	\$12,790.11
5/15/2014	\$12,790.11
6/15/2014	\$12,790.11
7/15/2014	\$12,790.11
8/15/2014	\$12,790.11
TOTAL INSTALLMENTS PAID IN 2014:	
	\$76,740.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66427	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66427	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66540** NATIONAL FARMERS UNION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66540	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66540	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66583** NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,376.76
4/15/2014	\$20,376.76
5/15/2014	\$20,376.76
6/15/2014	\$20,376.76
7/15/2014	\$20,376.76
8/15/2014	\$20,376.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$122,260.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66583	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66583	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **66680** NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,629.00
4/15/2014	\$10,629.00
5/15/2014	\$10,629.00
6/15/2014	\$10,629.00
7/15/2014	\$10,629.00
8/15/2014	\$10,629.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$63,774.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66680	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66680	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **66850** NATIONAL WESTERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$25,583.86
4/15/2014	\$25,583.86
5/15/2014	\$25,583.86
6/15/2014	\$25,583.86
7/15/2014	\$25,583.86
8/15/2014	\$25,583.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$153,503.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66850	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66850	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66869** NATIONWIDE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$81,030.45
4/15/2014	\$81,030.45
5/15/2014	\$81,030.45
6/15/2014	\$81,030.45
7/15/2014	\$81,030.45
8/15/2014	\$81,030.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$486,182.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66869	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66869	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **66915** NEW YORK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$215,460.28
4/15/2014	\$215,460.28
5/15/2014	\$215,460.28
6/15/2014	\$215,460.28
7/15/2014	\$215,460.28
8/15/2014	\$215,460.28
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,292,761.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66915	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66915	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **66974** NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$43,382.64
4/15/2014	\$43,382.64
5/15/2014	\$43,382.64
6/15/2014	\$43,382.64
7/15/2014	\$43,382.64
8/15/2014	\$43,382.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$260,295.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-66974	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-66974	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67032** NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67032	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67032	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67059** NORTH COAST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,145.67
4/15/2014	\$1,145.67
5/15/2014	\$1,145.67
6/15/2014	\$1,145.67
7/15/2014	\$1,145.67
8/15/2014	\$1,145.67
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,874.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67059	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67059	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67083** MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$887.37
4/15/2014	\$887.37
5/15/2014	\$887.37
6/15/2014	\$887.37
7/15/2014	\$887.37
8/15/2014	\$887.37
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,324.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67083	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67083	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67091** NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$256,785.39
4/15/2014	\$256,785.39
5/15/2014	\$256,785.39
6/15/2014	\$256,785.39
7/15/2014	\$256,785.39
8/15/2014	\$256,785.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,540,712.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67091	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67091	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67105** RELIASTAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$122,829.76
4/15/2014	\$122,829.76
5/15/2014	\$122,829.76
6/15/2014	\$122,829.76
7/15/2014	\$122,829.76
8/15/2014	\$122,829.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$736,978.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67105	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67105	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67148** OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH CAROLINA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,248.00
4/15/2014	\$1,248.00
5/15/2014	\$1,248.00
6/15/2014	\$1,248.00
7/15/2014	\$1,248.00
8/15/2014	\$1,248.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,488.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67148	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67148	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67172** OHIO NATIONAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,580.59
4/15/2014	\$12,580.59
5/15/2014	\$12,580.59
6/15/2014	\$12,580.59
7/15/2014	\$12,580.59
8/15/2014	\$12,580.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$75,483.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67172	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67172	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67180** OHIO STATE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,378.45
4/15/2014	\$1,378.45
5/15/2014	\$1,378.45
6/15/2014	\$1,378.45
7/15/2014	\$1,378.45
8/15/2014	\$1,378.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,270.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67180	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67180	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67199** OLD AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,752.07
4/15/2014	\$6,752.07
5/15/2014	\$6,752.07
6/15/2014	\$6,752.07
7/15/2014	\$6,752.07
8/15/2014	\$6,752.07
TOTAL INSTALLMENTS PAID IN 2014:	
	\$40,512.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67199	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67199	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67253** AMERICAN LIFE & SECURITY CORP.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$941.86
4/15/2014	\$941.86
5/15/2014	\$941.86
6/15/2014	\$941.86
7/15/2014	\$941.86
8/15/2014	\$941.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,651.16

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67261** OLD REPUBLIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,140.26
4/15/2014	\$1,140.26
5/15/2014	\$1,140.26
6/15/2014	\$1,140.26
7/15/2014	\$1,140.26
8/15/2014	\$1,140.26
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,841.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67261	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67261	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67369** CIGNA HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$413,014.57
4/15/2014	\$413,014.57
5/15/2014	\$413,014.57
6/15/2014	\$413,014.57
7/15/2014	\$413,014.57
8/15/2014	\$413,014.57
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,478,087.42

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67369	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67369	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67393** OZARK NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,125.08
4/15/2014	\$1,125.08
5/15/2014	\$1,125.08
6/15/2014	\$1,125.08
7/15/2014	\$1,125.08
8/15/2014	\$1,125.08
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,750.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67393	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67393	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67423** UBS LIFE INSURANCE COMPANY USA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67423	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67423	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67466** PACIFIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$108,206.62
4/15/2014	\$108,206.62
5/15/2014	\$108,206.62
6/15/2014	\$108,206.62
7/15/2014	\$108,206.62
8/15/2014	\$108,206.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$649,239.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67466	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67466	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67539** PAN-AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,782.98
5/15/2014	\$4,391.49
6/15/2014	\$4,391.49
7/15/2014	\$4,391.49
8/15/2014	\$4,391.49
TOTAL INSTALLMENTS PAID IN 2014:	
	\$26,348.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67539	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67539	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67598** PAUL REVERE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,019.91
4/15/2014	\$12,019.91
5/15/2014	\$12,019.91
6/15/2014	\$12,019.91
7/15/2014	\$12,019.91
8/15/2014	\$12,019.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$72,119.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67598	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67598	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67601** PAUL REVERE VARIABLE ANNUITY INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67601	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67601	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67628** PEKIN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,037.55
4/15/2014	\$1,037.55
5/15/2014	\$1,037.55
6/15/2014	\$1,037.55
7/15/2014	\$1,037.55
8/15/2014	\$1,037.55
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,225.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67628	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67628	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67636** DSM USA INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67636	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67636	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67644** PENN MUTUAL LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$46,485.78
4/15/2014	\$46,485.78
5/15/2014	\$46,485.78
6/15/2014	\$46,485.78
7/15/2014	\$46,485.78
8/15/2014	\$46,485.78
TOTAL INSTALLMENTS PAID IN 2014:	
	\$278,914.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67644	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67644	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67652** FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,300.94
4/15/2014	\$8,300.94
5/15/2014	\$8,300.94
6/15/2014	\$8,300.94
7/15/2014	\$8,300.94
8/15/2014	\$8,300.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$49,805.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-67652	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-67652	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67660** PENNSYLVANIA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,296.76
4/15/2014	\$2,296.76
5/15/2014	\$2,296.76
6/15/2014	\$2,296.76
7/15/2014	\$2,296.76
8/15/2014	\$2,296.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$13,780.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-67660	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-67660	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67679** AMERICAN REPUBLIC CORP INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,971.59
4/15/2014	\$4,971.59
5/15/2014	\$4,971.59
6/15/2014	\$4,971.59
7/15/2014	\$4,971.59
8/15/2014	\$4,971.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$29,829.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA14-67679	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA15-67679	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-67679	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67784** PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$499.40
4/15/2014	\$499.40
5/15/2014	\$499.40
6/15/2014	\$499.40
7/15/2014	\$499.40
8/15/2014	\$499.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,996.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-67784	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-67784	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67814** PHOENIX LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,755.67
4/15/2014	\$8,755.67
5/15/2014	\$8,755.67
6/15/2014	\$8,755.67
7/15/2014	\$8,755.67
8/15/2014	\$8,755.67
TOTAL INSTALLMENTS PAID IN 2014:	
	\$52,534.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-67814	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-67814	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67873** PIONEER AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-67873	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-67873	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67903** PROVIDENT AMERICAN LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-67903	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-67903	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **67911** PIONEER MUTUAL LIC, A STK SUB OF AMERICAN UNITED MIHC

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,987.89
4/15/2014	\$1,987.89
5/15/2014	\$1,987.89
6/15/2014	\$1,987.89
7/15/2014	\$1,987.89
8/15/2014	\$1,987.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,927.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67911	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67911	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **67989** AMERICAN MEMORIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$27,890.84
4/15/2014	\$27,890.84
5/15/2014	\$27,890.84
6/15/2014	\$27,890.84
7/15/2014	\$27,890.84
8/15/2014	\$27,890.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$167,345.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-67989	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-67989	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68039** ATHENE ANNUITY & LIFE ASSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$939.76
4/15/2014	\$939.76
5/15/2014	\$939.76
6/15/2014	\$939.76
7/15/2014	\$939.76
8/15/2014	\$939.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,638.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68039	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68039	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68047** PROFESSIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$951.60
4/15/2014	\$951.60
5/15/2014	\$951.60
6/15/2014	\$951.60
7/15/2014	\$951.60
8/15/2014	\$951.60
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,709.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68047	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68047	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68136** PROTECTIVE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$101,176.93
4/15/2014	\$101,183.83
5/15/2014	\$101,183.83
6/15/2014	\$101,183.83
7/15/2014	\$101,183.83
8/15/2014	\$101,183.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$607,096.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68136	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68136	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68160** BALBOA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$644.25
4/15/2014	\$644.25
5/15/2014	\$644.25
6/15/2014	\$644.25
7/15/2014	\$644.25
8/15/2014	\$644.25
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,865.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68160	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68160	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68179** PROVIDENT AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68179	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68179	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68195** PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$62,146.51
4/15/2014	\$62,146.51
5/15/2014	\$62,146.51
6/15/2014	\$62,146.51
7/15/2014	\$62,146.51
8/15/2014	\$62,146.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$372,879.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68195	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68195	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68241** PRUDENTIAL INSURANCE COMPANY OF AMERICA, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NJ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$272,511.58
4/15/2014	\$272,511.58
5/15/2014	\$272,511.58
6/15/2014	\$272,511.58
7/15/2014	\$272,511.58
8/15/2014	\$272,511.58
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,635,069.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68241	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68241	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68276** EMPLOYERS REASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68276	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68276	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68284** PYRAMID LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$401.84
4/15/2014	\$401.84
5/15/2014	\$401.84
6/15/2014	\$401.84
7/15/2014	\$401.84
8/15/2014	\$401.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,411.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68284	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68284	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68322** GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$42,031.30
4/15/2014	\$42,031.30
5/15/2014	\$42,031.30
6/15/2014	\$42,031.30
7/15/2014	\$42,481.01
8/15/2014	\$42,481.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$253,087.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68322	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68322	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68357** RELIABLE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68357	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68357	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68365** AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-68365	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68381** RELIANCE STANDARD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$24,247.16
4/15/2014	\$24,247.16
5/15/2014	\$24,247.16
6/15/2014	\$24,247.16
7/15/2014	\$24,247.16
8/15/2014	\$24,247.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$145,482.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68381	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68381	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68420** WMI MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,799.75
4/15/2014	\$2,799.75
5/15/2014	\$2,799.75
6/15/2014	\$2,799.75
7/15/2014	\$2,799.75
8/15/2014	\$2,799.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,798.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68420	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68420	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68446** LONGEVITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68446	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68446	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68462** RESERVE NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,889.66
4/15/2014	\$9,889.66
5/15/2014	\$9,889.66
6/15/2014	\$9,889.66
7/15/2014	\$9,889.66
8/15/2014	\$9,889.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$59,337.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68462	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68462	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **68500** CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,452.79
4/15/2014	\$1,452.79
5/15/2014	\$1,452.79
6/15/2014	\$1,452.79
7/15/2014	\$1,452.79
8/15/2014	\$1,452.79
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,716.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68500	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68500	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **68543** LIBERTY BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$344.86
4/15/2014	\$344.86
5/15/2014	\$344.86
6/15/2014	\$344.86
7/15/2014	\$344.86
8/15/2014	\$344.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,069.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68543	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68543	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68594** AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,261.12
4/15/2014	\$2,261.12
5/15/2014	\$2,261.12
6/15/2014	\$2,261.12
7/15/2014	\$2,261.12
8/15/2014	\$2,261.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$13,566.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68594	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68594	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68608** SYMETRA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$105,511.14
4/15/2014	\$105,511.14
5/15/2014	\$105,511.14
6/15/2014	\$105,511.14
7/15/2014	\$105,511.14
8/15/2014	\$105,511.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$633,066.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68608	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68608	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68632** VANTIS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68632	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68632	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68675** SECURITY BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,760.81
4/15/2014	\$1,760.81
5/15/2014	\$1,760.81
6/15/2014	\$1,760.81
7/15/2014	\$1,760.81
8/15/2014	\$1,760.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,564.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68675	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68675	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **68713** SECURITY LIFE OF DENVER INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$43,837.23
4/15/2014	\$43,837.23
5/15/2014	\$43,837.23
6/15/2014	\$43,837.23
7/15/2014	\$43,837.23
8/15/2014	\$43,837.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$263,023.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-68713	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-68713	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **68721** SECURITY LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,892.14
4/15/2014	\$1,892.14
5/15/2014	\$1,892.14
6/15/2014	\$1,892.14
7/15/2014	\$1,892.14
8/15/2014	\$1,892.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,352.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68721	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68721	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **68723** NEW YORK LIFE AGENTS REINSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68772** SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,122.00
4/15/2014	\$4,129.00
5/15/2014	\$4,129.00
6/15/2014	\$4,129.00
7/15/2014	\$4,129.00
8/15/2014	\$4,129.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,767.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68772	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68772	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **68802** SENTINEL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,279.10
4/15/2014	\$5,279.10
5/15/2014	\$5,279.10
6/15/2014	\$5,279.10
7/15/2014	\$5,279.10
8/15/2014	\$5,279.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$31,674.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68802	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68802	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68810** SENTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,622.23
4/15/2014	\$2,622.23
5/15/2014	\$2,622.23
6/15/2014	\$2,622.23
7/15/2014	\$2,622.23
8/15/2014	\$2,622.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,733.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68810	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68810	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68845** SHENANDOAH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	VA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$704.91
4/15/2014	\$704.91
5/15/2014	\$704.91
6/15/2014	\$704.91
7/15/2014	\$704.91
8/15/2014	\$704.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,229.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68845	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68845	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **68985** STARMOUNT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$650.06
4/15/2014	\$650.06
5/15/2014	\$650.06
6/15/2014	\$650.06
7/15/2014	\$650.06
8/15/2014	\$650.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,900.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-68985	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-68985	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69000** NORTHWESTERN LONG TERM CARE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,649.95
4/15/2014	\$13,649.95
5/15/2014	\$13,649.95
6/15/2014	\$13,649.95
7/15/2014	\$13,649.95
8/15/2014	\$13,649.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$81,899.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-69000	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-69000	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69019** STANDARD INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$71,257.04
4/15/2014	\$71,257.04
5/15/2014	\$71,257.04
6/15/2014	\$71,257.04
7/15/2014	\$71,257.04
8/15/2014	\$71,257.04
TOTAL INSTALLMENTS PAID IN 2014:	
	\$427,542.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69019	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69019	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **69078** STANDARD SECURITY LIFE INSURANCE COMPANY OF NY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$24,804.48
4/15/2014	\$24,804.48
5/15/2014	\$24,804.48
6/15/2014	\$24,804.48
7/15/2014	\$24,804.48
8/15/2014	\$24,804.48
TOTAL INSTALLMENTS PAID IN 2014:	
	\$148,826.88

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69078	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69078	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69108** STATE FARM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$186,581.31
4/15/2014	\$186,581.31
5/15/2014	\$186,581.32
6/15/2014	\$186,581.32
7/15/2014	\$186,581.32
8/15/2014	\$186,581.32
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,119,487.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69108	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69116** STATE LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,048.04
4/15/2014	\$13,048.04
5/15/2014	\$13,048.04
6/15/2014	\$13,048.04
7/15/2014	\$13,048.04
8/15/2014	\$13,048.04
TOTAL INSTALLMENTS PAID IN 2014:	
	\$78,288.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69116	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69116	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69132** STATE MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,290.86
4/15/2014	\$1,290.86
5/15/2014	\$1,290.86
6/15/2014	\$1,290.86
7/15/2014	\$1,290.86
8/15/2014	\$1,290.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,745.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69132	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69132	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69140** FIRST ALLMERICA FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69140	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69140	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69272** SUNSET LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$838.67
4/15/2014	\$838.67
5/15/2014	\$838.67
6/15/2014	\$838.67
7/15/2014	\$838.67
8/15/2014	\$838.67
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,032.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69272	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69272	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69310** SURETY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,202.86
4/15/2014	\$1,202.86
5/15/2014	\$1,202.86
6/15/2014	\$1,202.86
7/15/2014	\$1,202.86
8/15/2014	\$1,202.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,217.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69310	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69310	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69329** SURETY LIFE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	ND	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69329	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69329	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69337** AMERICAN FINANCIAL SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-69337	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-69337	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69345** TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,260.65
4/15/2014	\$4,260.65
5/15/2014	\$4,260.65
6/15/2014	\$4,260.65
7/15/2014	\$4,260.65
8/15/2014	\$4,260.65
TOTAL INSTALLMENTS PAID IN 2014:	
	\$25,563.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69345	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69345	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **69396** TEXAS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,522.31
4/15/2014	\$4,522.31
5/15/2014	\$4,522.31
6/15/2014	\$4,522.31
7/15/2014	\$4,522.31
8/15/2014	\$4,522.31
TOTAL INSTALLMENTS PAID IN 2014:	
	\$27,133.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69396	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69477** TIME INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$95,866.42
4/15/2014	\$95,866.42
5/15/2014	\$95,866.42
6/15/2014	\$95,866.42
7/15/2014	\$95,866.42
8/15/2014	\$95,866.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$575,198.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69477	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69477	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **69485** SECURITY NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,042.95
4/15/2014	\$1,042.95
5/15/2014	\$1,042.95
6/15/2014	\$1,042.95
7/15/2014	\$1,042.95
8/15/2014	\$1,042.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$6,257.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69485	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69485	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **69515** MEDAMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,895.86
4/15/2014	\$3,895.86
5/15/2014	\$3,895.86
6/15/2014	\$3,895.86
7/15/2014	\$3,895.86
8/15/2014	\$3,895.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,375.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69515	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69515	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	69566	TRANS WORLD ASSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$321.89
4/15/2014	\$321.89
5/15/2014	\$321.89
6/15/2014	\$321.89
7/15/2014	\$321.89
8/15/2014	\$321.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,931.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69566	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69566	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69604** ALLIANZ LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69604	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69647** CATAMARAN INSURANCE OF OHIO, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-69647	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-69647	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69663** USAA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$88,409.02
4/15/2014	\$88,409.02
5/15/2014	\$88,409.02
6/15/2014	\$88,409.02
7/15/2014	\$88,409.02
8/15/2014	\$88,409.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$530,454.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69663	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69663	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **69698** NEW ERA LIFE INSURANCE COMPANY OF THE MIDWEST

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **69744** UNION LABOR LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,607.02
4/15/2014	\$2,607.02
5/15/2014	\$2,607.02
6/15/2014	\$2,607.02
7/15/2014	\$2,607.02
8/15/2014	\$2,607.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,642.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69744	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69744	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69868** UNITED OF OMAHA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$306,527.08
4/15/2014	\$306,527.08
5/15/2014	\$306,527.08
6/15/2014	\$306,527.08
7/15/2014	\$306,527.08
8/15/2014	\$306,527.08
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,839,162.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-69868	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-69868	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **69892** UNITED FARM FAMILY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,431.44
4/15/2014	\$1,431.44
5/15/2014	\$1,431.44
6/15/2014	\$1,431.44
7/15/2014	\$1,431.44
8/15/2014	\$1,431.44
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,588.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69892	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69892	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69914** SEARS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,656.54
4/15/2014	\$1,656.54
5/15/2014	\$1,656.54
6/15/2014	\$1,656.54
7/15/2014	\$1,656.54
8/15/2014	\$1,656.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,939.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-69914	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-69914	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69922** UNITED HOME LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$543.86
4/15/2014	\$543.86
5/15/2014	\$543.86
6/15/2014	\$543.86
7/15/2014	\$543.86
8/15/2014	\$543.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,263.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-69922	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-69922	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69930** UNITED INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-69930	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-69930	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **69973** UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-69973	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-69973	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70025** GENWORTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$148,020.83
4/15/2014	\$148,020.83
5/15/2014	\$148,020.83
6/15/2014	\$148,020.83
7/15/2014	\$148,020.83
8/15/2014	\$148,020.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$888,124.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70025	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-70025	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **70106** UNITED STATES LIFE INS. CO. IN THE CITY OF N. Y., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,205.83
4/15/2014	\$14,205.83
5/15/2014	\$14,205.83
6/15/2014	\$14,205.83
7/15/2014	\$14,205.83
8/15/2014	\$14,205.83
TOTAL INSTALLMENTS PAID IN 2014:	
	\$85,234.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-70106	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-70106	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70122** UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-70122	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-70122	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70130** UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70130	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **70173** UNIVERSAL UNDERWRITERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$525.19
4/15/2014	\$525.19
5/15/2014	\$525.19
6/15/2014	\$525.19
7/15/2014	\$525.19
8/15/2014	\$525.19
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,151.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-70173	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-70173	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70238** VARIABLE ANNUITY LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70238	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70319** WASHINGTON NATIONAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,647.01
4/15/2014	\$8,799.01
5/15/2014	\$8,723.01
6/15/2014	\$8,723.01
7/15/2014	\$8,723.01
8/15/2014	\$8,723.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$52,338.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-70319	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-70319	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **70335** WEST COAST LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$45,360.89
4/15/2014	\$45,365.53
5/15/2014	\$45,365.53
6/15/2014	\$45,365.53
7/15/2014	\$45,365.53
8/15/2014	\$45,365.53
TOTAL INSTALLMENTS PAID IN 2014:	
	\$272,188.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70335	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-70335	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70408** UNION SECURITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$114,062.18
4/15/2014	\$114,062.18
5/15/2014	\$114,062.18
6/15/2014	\$114,062.18
7/15/2014	\$114,062.18
8/15/2014	\$114,062.18
TOTAL INSTALLMENTS PAID IN 2014:	
	\$684,373.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-70408	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-70408	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **70416** MML BAY STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,030.19
4/15/2014	\$3,030.19
5/15/2014	\$3,030.19
6/15/2014	\$3,030.19
7/15/2014	\$3,030.19
8/15/2014	\$3,030.19
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,181.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-70416	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-70416	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70435** SAVINGS BANK LIFE INSURANCE COMPANY OF MA., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,152.85
4/15/2014	\$5,152.85
5/15/2014	\$5,152.85
6/15/2014	\$5,152.85
7/15/2014	\$5,152.85
8/15/2014	\$5,152.85
TOTAL INSTALLMENTS PAID IN 2014:	
	\$30,917.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70435	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **70483** WESTERN AND SOUTHERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,403.45
4/15/2014	\$3,403.45
5/15/2014	\$3,403.45
6/15/2014	\$3,403.45
7/15/2014	\$3,403.45
8/15/2014	\$3,403.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,420.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-70483	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-70483	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **70580** HUMANADENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$36,146.10
4/15/2014	\$36,146.10
5/15/2014	\$36,146.10
6/15/2014	\$36,146.10
7/15/2014	\$36,146.10
8/15/2014	\$36,146.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$216,876.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70580	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-70580	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **70670** HEALTH CARE SERVICE CORP., A MUTUAL LEGAL RESERVE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,278.14
4/15/2014	\$15,278.14
5/15/2014	\$15,278.14
6/15/2014	\$15,278.14
7/15/2014	\$15,278.14
8/15/2014	\$15,278.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$91,668.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70670	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-70670	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70688** TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$815.39
4/15/2014	\$815.39
5/15/2014	\$815.39
6/15/2014	\$815.39
7/15/2014	\$815.39
8/15/2014	\$815.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,892.34

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70688	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-70688	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70742** FAMILY BENEFIT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70742	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70785** PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70785	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-70785	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70815** HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$206,276.82
4/15/2014	\$206,276.82
5/15/2014	\$206,276.82
6/15/2014	\$206,276.82
7/15/2014	\$206,276.82
8/15/2014	\$206,276.82
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,237,660.92

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-70815	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-70815	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **70866** ALLSTATE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70866	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **70939** GERBER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$19,183.10
4/15/2014	\$19,183.10
5/15/2014	\$19,183.10
6/15/2014	\$19,183.10
7/15/2014	\$19,183.10
8/15/2014	\$19,183.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$115,098.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-70939	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-70939	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71013** BANKERS RESERVE LIFE INSURANCE COMPANY OF WISCONSIN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71013	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71013	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71072** MARQUETTE NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71072	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71072	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71099** PARKER CENTENNIAL ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71099	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71099	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71129** DEARBORN NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,904.43
4/15/2014	\$15,904.43
5/15/2014	\$15,904.43
6/15/2014	\$15,904.43
7/15/2014	\$15,904.43
8/15/2014	\$15,904.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$95,426.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71129	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71129	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71153** HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$99,638.70
4/15/2014	\$99,638.70
5/15/2014	\$99,638.70
6/15/2014	\$99,638.70
7/15/2014	\$99,638.70
8/15/2014	\$99,638.70
TOTAL INSTALLMENTS PAID IN 2014:	
	\$597,832.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71153	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71153	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71161** PRINCIPAL NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,202.36
4/15/2014	\$18,202.36
5/15/2014	\$18,202.36
6/15/2014	\$18,202.36
7/15/2014	\$18,202.36
8/15/2014	\$18,202.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$109,214.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71161	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71161	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71323** ZALE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71331** CAREAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71331	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71331	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71390** PURITAN LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$897.80
4/15/2014	\$897.80
5/15/2014	\$897.80
6/15/2014	\$897.80
7/15/2014	\$897.80
8/15/2014	\$897.80
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,386.80

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71390	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71390	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71404** CONTINENTAL GENERAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,754.46
4/15/2014	\$1,754.46
5/15/2014	\$1,754.46
6/15/2014	\$1,754.46
7/15/2014	\$1,754.46
8/15/2014	\$1,754.46
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,526.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71404	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71404	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71412** MUTUAL OF OMAHA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$63,878.49
4/15/2014	\$63,878.49
5/15/2014	\$63,878.49
6/15/2014	\$63,878.49
7/15/2014	\$63,878.49
8/15/2014	\$63,878.49
TOTAL INSTALLMENTS PAID IN 2014:	
	\$383,270.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71412	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71412	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71420** SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NV	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71420	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71420	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71439** ASSURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,739.02
4/15/2014	\$10,739.02
5/15/2014	\$10,739.02
6/15/2014	\$10,739.02
7/15/2014	\$10,739.02
8/15/2014	\$10,739.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$64,434.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71439	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71439	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	71455	FINANCIAL AMERICAN LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KS	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71455	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71455	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71463** CICA LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71463	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71463	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71471** ABILITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,568.17
4/15/2014	\$6,568.17
5/15/2014	\$6,568.17
6/15/2014	\$6,568.17
7/15/2014	\$6,568.17
8/15/2014	\$6,568.17
TOTAL INSTALLMENTS PAID IN 2014:	
	\$39,409.02

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71471	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71471	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71480** GREAT WESTERN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$27,099.20
4/15/2014	\$27,099.20
5/15/2014	\$27,099.20
6/15/2014	\$27,099.20
7/15/2014	\$27,099.20
8/15/2014	\$27,099.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$162,595.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71480	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71595** LEWER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71595	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71595	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71714** BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$34,346.18
4/15/2014	\$34,346.18
5/15/2014	\$34,346.18
6/15/2014	\$34,346.18
7/15/2014	\$34,346.18
8/15/2014	\$34,346.18
TOTAL INSTALLMENTS PAID IN 2014:	
	\$206,077.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71714	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71714	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71730** CONTINENTAL AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$17,641.59
4/15/2014	\$17,641.59
5/15/2014	\$17,641.59
6/15/2014	\$17,641.59
7/15/2014	\$17,641.59
8/15/2014	\$17,641.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$105,849.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71730	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71730	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71768** HM HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71768	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71768	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71773** AMERICAN NATIONAL LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$14,221.74
4/15/2014	\$14,221.74
5/15/2014	\$14,221.74
6/15/2014	\$14,221.74
7/15/2014	\$14,221.74
8/15/2014	\$14,221.74
TOTAL INSTALLMENTS PAID IN 2014:	
	\$85,330.44

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71773	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71773	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71854** AAA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$20,025.35
4/15/2014	\$20,025.35
5/15/2014	\$20,025.35
6/15/2014	\$20,025.35
7/15/2014	\$20,025.35
8/15/2014	\$20,025.35
TOTAL INSTALLMENTS PAID IN 2014:	
	\$120,152.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71854	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71854	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71870** FIDELITY SECURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$63,889.33
4/15/2014	\$63,889.33
5/15/2014	\$63,889.33
6/15/2014	\$63,889.33
7/15/2014	\$63,889.33
8/15/2014	\$63,889.33
TOTAL INSTALLMENTS PAID IN 2014:	
	\$383,335.98

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-71870	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-71870	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71897** CITADEL LIFE AND HEALTH INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **71919** BANKERS FIDELITY ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-71919	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-71919	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **71986** TRANSAM ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	72052	AETNA HEALTH INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,696.62
4/15/2014	\$1,696.62
5/15/2014	\$1,696.62
6/15/2014	\$1,696.62
7/15/2014	\$1,696.62
8/15/2014	\$1,696.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,179.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-72052	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-72052	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **72125** PHYSICIANS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$19,108.71
4/15/2014	\$19,108.71
5/15/2014	\$19,108.71
6/15/2014	\$19,108.71
7/15/2014	\$19,108.71
8/15/2014	\$19,108.71
TOTAL INSTALLMENTS PAID IN 2014:	
	\$114,652.26

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-72125	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-72125	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **72222** AMICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	RI	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,300.69
4/15/2014	\$2,300.69
5/15/2014	\$2,300.69
6/15/2014	\$2,300.69
7/15/2014	\$2,300.69
8/15/2014	\$2,300.69
TOTAL INSTALLMENTS PAID IN 2014:	
	\$13,804.14

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-72222	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **72362** PEKIN FINANCIAL LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **72850** UNITED WORLD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$18,157.85
4/15/2014	\$18,157.85
5/15/2014	\$18,157.85
6/15/2014	\$18,157.85
7/15/2014	\$18,157.85
8/15/2014	\$18,157.85
TOTAL INSTALLMENTS PAID IN 2014:	
	\$108,947.10

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-72850	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-72850	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **72958** CANYON STATE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **73288** HUMANA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$50,018.50
4/15/2014	\$50,018.50
5/15/2014	\$50,018.50
6/15/2014	\$50,018.50
7/15/2014	\$50,018.50
8/15/2014	\$50,018.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$300,111.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-73288	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-73288	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **73474** DENTEGRA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$15,091.54
4/15/2014	\$15,091.54
5/15/2014	\$15,091.54
6/15/2014	\$15,091.54
7/15/2014	\$15,091.54
8/15/2014	\$15,091.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$90,549.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-73474	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-73474	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **73504** GENERATION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$97.00
4/15/2014	\$97.00
5/15/2014	\$97.00
6/15/2014	\$97.00
7/15/2014	\$97.00
8/15/2014	\$97.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$582.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **74004** FAMILY SERVICE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-74004	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **74209** EVERENCE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-74209	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-74209	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **74454** CONNECTICUT LIFE INSURANCE AND ANNUITY CORPORATION

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **74780** INTEGRITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-74780	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-74780	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **74900** AURIGEN REINSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-74900	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-74900	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **75396** MISSISSIPPI VALLEY COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **76007** OLD UNITED LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,624.82
4/15/2014	\$1,624.82
5/15/2014	\$1,624.82
6/15/2014	\$1,624.82
7/15/2014	\$1,624.82
8/15/2014	\$1,624.82
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,748.92

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **76023** COLUMBIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,426.20
4/15/2014	\$3,426.20
5/15/2014	\$3,426.20
6/15/2014	\$3,426.20
7/15/2014	\$3,426.20
8/15/2014	\$3,426.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$20,557.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-76023	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-76023	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **76112** OXFORD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **76236** CINCINNATI LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,054.76
4/15/2014	\$6,054.76
5/15/2014	\$6,054.76
6/15/2014	\$6,054.76
7/15/2014	\$6,054.76
8/15/2014	\$6,054.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$36,328.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-76236	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-76236	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **76325** SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,845.64
4/15/2014	\$9,845.64
5/15/2014	\$9,845.64
6/15/2014	\$9,845.64
7/15/2014	\$9,845.64
8/15/2014	\$9,845.64
TOTAL INSTALLMENTS PAID IN 2014:	
	\$59,073.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-76325	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-76325	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **76694** LONDON LIFE REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-76694	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-76694	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **76759** SENIOR AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,407.88
4/15/2014	\$1,407.88
5/15/2014	\$1,407.88
6/15/2014	\$1,407.88
7/15/2014	\$1,407.88
8/15/2014	\$1,407.88
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,447.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA14-76759	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-76759	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
HCA14-76759	Health Care Appeals Fund [ARS § 20-2541(2)]	\$130.00
FRA15-76759	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **77119** SENTINEL AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-77119	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-77119	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **77151** SERVICE LIFE AND CASUALTY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-77151	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-77151	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **77399** STERLING LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,661.55
4/15/2014	\$4,661.55
5/15/2014	\$4,661.55
6/15/2014	\$4,661.55
7/15/2014	\$4,661.55
8/15/2014	\$4,661.55
TOTAL INSTALLMENTS PAID IN 2014:	
	\$27,969.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-77399	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-77399	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **77674** TOWN & COUNTRY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$422.60
4/15/2014	\$422.60
5/15/2014	\$422.60
6/15/2014	\$422.60
7/15/2014	\$422.60
8/15/2014	\$422.60
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,535.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-77674	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-77674	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **77690** TRANS-CITY LIFE INSURANCE CO.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,722.02
4/15/2014	\$6,722.02
5/15/2014	\$6,722.02
6/15/2014	\$6,722.02
7/15/2014	\$6,722.02
8/15/2014	\$6,722.02
TOTAL INSTALLMENTS PAID IN 2014:	
	\$40,332.12

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **77720** LIFESECURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$514.54
4/15/2014	\$514.54
5/15/2014	\$514.54
6/15/2014	\$514.54
7/15/2014	\$514.54
8/15/2014	\$514.54
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,087.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-77720	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-77720	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **77828** COMPANION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$38,370.10
4/15/2014	\$38,370.10
5/15/2014	\$38,370.10
6/15/2014	\$38,370.10
7/15/2014	\$38,370.10
8/15/2014	\$38,370.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$230,220.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-77828	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-77828	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **77879** 5 STAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$7,291.81
4/15/2014	\$7,291.81
5/15/2014	\$7,291.81
6/15/2014	\$7,291.81
7/15/2014	\$7,291.81
8/15/2014	\$7,291.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$43,750.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-77879	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-77879	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **77968** FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,389.87
4/15/2014	\$12,389.87
5/15/2014	\$12,389.87
6/15/2014	\$12,389.87
7/15/2014	\$12,389.87
8/15/2014	\$12,389.87
TOTAL INSTALLMENTS PAID IN 2014:	
	\$74,339.22

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-77968	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-77968	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **78077** MONY LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$23,200.00
4/15/2014	\$23,200.00
5/15/2014	\$23,200.00
6/15/2014	\$23,200.00
7/15/2014	\$23,200.00
8/15/2014	\$23,200.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$139,200.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **78093** FINANCIAL ASSURANCE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-78093	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **78301** CORVESTA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **78549** FUTURAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	78611	HCSC INSURANCE SERVICES COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-78611	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-78611	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **78662** SENIOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-78662	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-78662	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **78700** AETNA HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-78700	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-78700	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **78743** NEW ERA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-78743	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-78743	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **78778** GUARDIAN INSURANCE AND ANNUITY COMPANY, INC., THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,212.22
4/15/2014	\$1,212.22
5/15/2014	\$1,212.22
6/15/2014	\$1,212.22
7/15/2014	\$1,212.22
8/15/2014	\$1,212.22
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,273.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-78778	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-78778	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **78905** ELAN LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **79014** SAFEHEALTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-79014	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-79014	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **79022** TRANSAMERICA ADVISORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,247.62
4/15/2014	\$1,247.62
5/15/2014	\$1,247.62
6/15/2014	\$1,247.62
7/15/2014	\$1,247.62
8/15/2014	\$1,247.62
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,485.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-79022	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-79022	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **79057** SOUTHLAND NATIONAL INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$856.81
4/15/2014	\$856.81
5/15/2014	\$856.81
6/15/2014	\$856.81
7/15/2014	\$856.81
8/15/2014	\$856.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$5,140.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-79057	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-79057	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **79065** DELAWARE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,913.05
4/15/2014	\$1,913.05
5/15/2014	\$1,913.05
6/15/2014	\$1,913.05
7/15/2014	\$1,913.05
8/15/2014	\$1,913.05
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,478.30

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-79065	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-79065	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **79090** SUTLIFF LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **79227** PRUCO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$117,657.39
4/15/2014	\$117,657.39
5/15/2014	\$117,657.39
6/15/2014	\$117,657.39
7/15/2014	\$117,657.39
8/15/2014	\$117,657.39
TOTAL INSTALLMENTS PAID IN 2014:	
	\$705,944.34

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **79413** UNITEDHEALTHCARE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,957,338.12
4/15/2014	\$1,957,338.12
5/15/2014	\$1,957,338.12
6/15/2014	\$1,957,338.12
7/15/2014	\$1,957,338.12
8/15/2014	\$1,957,338.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,744,028.72

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-79413	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-79413	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **79782** ELECTRIC COOPERATIVE LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **79987** MEDICO CORP LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-79987	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-79987	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **79995** JRD LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **80020** MOUNTAIN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-80020	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-80020	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **80055** SMART INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **80314** UNICARE LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,524.28
4/15/2014	\$1,524.28
5/15/2014	\$1,524.28
6/15/2014	\$1,524.28
7/15/2014	\$1,524.28
8/15/2014	\$1,524.28
TOTAL INSTALLMENTS PAID IN 2014:	
	\$9,145.68

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-80314	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-80314	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **80578** PHYSICIANS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$36,793.45
4/15/2014	\$36,793.45
5/15/2014	\$36,793.45
6/15/2014	\$36,793.45
7/15/2014	\$36,793.45
8/15/2014	\$36,793.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$220,760.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-80578	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-80578	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **80659** CANADA LIFE ASSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,337.36
4/15/2014	\$2,337.36
5/15/2014	\$2,337.36
6/15/2014	\$2,337.36
7/15/2014	\$2,337.36
8/15/2014	\$2,337.36
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,024.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-80659	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-80659	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **80705** GREAT-WEST LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,652.47
4/15/2014	\$2,652.47
5/15/2014	\$2,652.47
6/15/2014	\$2,652.47
7/15/2014	\$2,652.47
8/15/2014	\$2,652.47
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,914.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-80705	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-80705	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **80799** CELTIC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$9,615.10
4/15/2014	\$9,615.10
5/15/2014	\$9,615.10
6/15/2014	\$9,615.11
7/15/2014	\$9,615.11
8/15/2014	\$9,615.11
TOTAL INSTALLMENTS PAID IN 2014:	
	\$57,690.63

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-80799	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-80799	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **80802** SUN LIFE ASSURANCE COMPANY OF CANADA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$92,987.73
4/15/2014	\$92,987.73
5/15/2014	\$92,987.73
6/15/2014	\$92,987.73
7/15/2014	\$92,987.73
8/15/2014	\$92,987.73
TOTAL INSTALLMENTS PAID IN 2014:	
	\$557,926.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-80802	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-80802	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **80896** CENTRE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,729.92
4/15/2014	\$2,729.92
5/15/2014	\$2,729.92
6/15/2014	\$2,729.92
7/15/2014	\$2,729.92
8/15/2014	\$2,729.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$16,379.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-80896	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-80896	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **80926** SUN LIFE AND HEALTH INSURANCE COMPANY (U.S.)

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,397.75
4/15/2014	\$2,397.75
5/15/2014	\$2,397.75
6/15/2014	\$2,397.75
7/15/2014	\$2,397.75
8/15/2014	\$2,397.75
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,386.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-80926	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-80926	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **80942** VOYA INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,175.31
4/15/2014	\$1,175.31
5/15/2014	\$1,175.31
6/15/2014	\$1,175.31
7/15/2014	\$1,175.31
8/15/2014	\$1,175.31
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,051.86

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-80942	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-80942	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **80985** 4 EVER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,998.42
4/15/2014	\$1,998.42
5/15/2014	\$1,998.42
6/15/2014	\$1,998.42
7/15/2014	\$1,998.42
8/15/2014	\$1,998.42
TOTAL INSTALLMENTS PAID IN 2014:	
	\$11,990.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-80985	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-80985	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81043** BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-81043	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-81043	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81078** AMERICAN NETWORK INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **81108** UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,223.41
4/15/2014	\$6,223.41
5/15/2014	\$6,223.41
6/15/2014	\$6,223.41
7/15/2014	\$6,223.41
8/15/2014	\$6,223.41
TOTAL INSTALLMENTS PAID IN 2014:	
	\$37,340.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81108	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81108	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81132** LIFE OF AMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81132	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81132	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81213** AMERICAN MATURITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81213	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81213	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81264** NIPPON LIFE INSURANCE COMPANY OF AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81264	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81264	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81353** NYLIFE INSURANCE COMPANY OF ARIZONA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,027.95
4/15/2014	\$4,027.95
5/15/2014	\$4,027.95
6/15/2014	\$4,027.95
7/15/2014	\$4,027.95
8/15/2014	\$4,027.95
TOTAL INSTALLMENTS PAID IN 2014:	
	\$24,167.70

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81396** DELTA DENTAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81396	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81396	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81418** AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,710.06
4/15/2014	\$1,710.06
5/15/2014	\$1,710.06
6/15/2014	\$1,710.06
7/15/2014	\$1,710.06
8/15/2014	\$1,710.06
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,260.36

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81418	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81418	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81426** COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	DI	DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81426	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81426	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81442** MONITOR LIFE INSURANCE COMPANY OF NEW YORK

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,558.66
4/15/2014	\$2,558.66
5/15/2014	\$2,558.66
6/15/2014	\$2,558.66
7/15/2014	\$2,558.66
8/15/2014	\$2,558.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$15,351.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81442	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81442	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **81604** TEB LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81779** INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-81779	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-81779	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **81973** COVENTRY HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-81973	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-81973	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **82082** CITIZENS NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-82082	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-82082	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **82252** LANDMARK LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-82252	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **82368** HBI LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **82406** ALL SAVERS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,072.92
4/15/2014	\$2,072.92
5/15/2014	\$2,072.92
6/15/2014	\$2,072.92
7/15/2014	\$2,072.92
8/15/2014	\$2,072.92
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,437.52

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-82406	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-82406	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **82538** NATIONAL HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-82538	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-82538	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **82627** SWISS RE LIFE & HEALTH AMERICA INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-82627	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-82627	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **82880** CSI LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-82880	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-82880	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **83232** EVERGREEN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-83232	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **83445** WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **83607** GUGGENHEIM LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-83607	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-83607	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **84174** ELCO MUTUAL LIFE AND ANNUITY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,454.12
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,454.12

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-84174	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-84174	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **84506** PACIFICARE LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-84506	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-84506	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **84522** AUTO CLUB LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$305.25
4/15/2014	\$305.25
5/15/2014	\$305.25
6/15/2014	\$305.25
7/15/2014	\$305.25
8/15/2014	\$305.25
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,831.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-84522	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-84522	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **84530** U.S. FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,339.16
4/15/2014	\$6,339.16
5/15/2014	\$6,339.16
6/15/2014	\$6,339.16
7/15/2014	\$6,339.16
8/15/2014	\$6,339.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$38,034.96

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-84530	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	84549	SYMPHONIX HEALTH INSURANCE, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-84549	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-84549	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **84697** AMERICAN SPECIALTY HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-84697	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-84697	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **84786** COLORADO BANKERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,373.84
4/15/2014	\$2,373.84
5/15/2014	\$2,373.84
6/15/2014	\$2,373.84
7/15/2014	\$2,373.84
8/15/2014	\$2,373.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,243.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-84786	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-84786	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **84824** COMMONWEALTH ANNUITY AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,018.50
4/15/2014	\$3,018.50
5/15/2014	\$3,018.50
6/15/2014	\$3,018.50
7/15/2014	\$3,018.50
8/15/2014	\$3,018.50
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,111.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-84824	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-84824	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **85189** WESTERN UNITED LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-85189	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-85189	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **85286** ONENATION INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-85286	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-85286	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **85413** REGIONS LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **85472** NATIONAL SECURITY LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-85472	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **85502** TENNESSEE LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **85537** WELLINGTON LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **85561** MAPFRE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-85561	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-85561	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **85766** UNITED CONCORDIA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$29,542.14
4/15/2014	\$29,542.14
5/15/2014	\$29,542.14
6/15/2014	\$29,542.14
7/15/2014	\$29,542.14
8/15/2014	\$29,542.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$177,252.84

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **85880** CIERA INVESTMENT LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **85944** INVESTORS GROWTH LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	DI	DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 56:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **86126** MEMBERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-86126	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-86126	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **86231** TRANSAMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$200,399.09
4/15/2014	\$200,399.09
5/15/2014	\$200,399.09
6/15/2014	\$200,399.09
7/15/2014	\$200,399.09
8/15/2014	\$200,399.09
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,202,394.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-86231	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-86231	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **86240** CENSTAT LIFE ASSURANCE CO.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **86258** GENERAL RE LIFE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-86258	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **86355** STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,887.14
4/15/2014	\$3,887.14
5/15/2014	\$3,887.14
6/15/2014	\$3,887.14
7/15/2014	\$3,887.14
8/15/2014	\$3,887.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,322.84

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-86355	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-86355	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **86371** ULLICO LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-86371	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-86371	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **86509** VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,889.90
4/15/2014	\$2,889.90
5/15/2014	\$2,889.90
6/15/2014	\$2,889.90
7/15/2014	\$2,889.90
8/15/2014	\$2,889.90
TOTAL INSTALLMENTS PAID IN 2014:	
	\$17,339.40

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-86509	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-86509	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **86630** PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **87017** SCOR GLOBAL LIFE REINSURANCE COMPANY OF DELAWARE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-87017	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-87017	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **87220** AGENTS REINSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **87289** GEORGIA PEOPLES LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **87394** MARQUETTE INDEMNITY & LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **87572** SCOTTISH RE (U.S.), INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-87572	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **87645** UNITED FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$345.84
4/15/2014	\$345.84
5/15/2014	\$345.84
6/15/2014	\$345.84
7/15/2014	\$345.84
8/15/2014	\$345.84
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,075.04

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-87645	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-87645	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **87726** METLIFE INSURANCE COMPANY USA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$22,195.08
4/15/2014	\$22,195.08
5/15/2014	\$22,195.08
6/15/2014	\$22,195.08
7/15/2014	\$22,195.08
8/15/2014	\$22,195.08
TOTAL INSTALLMENTS PAID IN 2014:	
	\$133,170.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-87726	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-87726	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **87963** NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$353.04
4/15/2014	\$353.04
5/15/2014	\$353.04
6/15/2014	\$353.04
7/15/2014	\$353.04
8/15/2014	\$353.04
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,118.24

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-87963	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-87963	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **88072** HARTFORD LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,909.23
4/15/2014	\$8,909.23
5/15/2014	\$8,909.23
6/15/2014	\$8,909.23
7/15/2014	\$8,909.23
8/15/2014	\$8,909.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$53,455.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-88072	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-88072	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **88080** XL LIFE INSURANCE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-88080	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-88080	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **88099** OPTIMUM RE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-88099	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-88099	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **88153** COLONIAL LIFE INSURANCE COMPANY OF TEXAS

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-88153	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-88153	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **88340** HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **88366** AMERICAN RETIREMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-88366	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-88366	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **88455** CARLISLE LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **88536** PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-88536	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-88536	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **88595** EMPHESYS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-88595	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-88595	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **88668** MUTUAL OF AMERICA LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NY	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	MU	MUTUAL INCORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-88668	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-88668	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **89087** ENTERPRISE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,755.59
4/15/2014	\$1,755.59
5/15/2014	\$1,755.59
6/15/2014	\$1,755.59
7/15/2014	\$1,755.59
8/15/2014	\$1,755.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$10,533.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-89087	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-89087	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **89184** STERLING INVESTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$682.29
4/15/2014	\$682.29
5/15/2014	\$682.29
6/15/2014	\$682.29
7/15/2014	\$682.29
8/15/2014	\$682.29
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,093.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-89184	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-89184	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **89206** OHIO NATIONAL LIFE ASSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$16,104.20
4/15/2014	\$16,104.20
5/15/2014	\$16,104.20
6/15/2014	\$16,104.20
7/15/2014	\$16,104.20
8/15/2014	\$16,104.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$96,625.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-89206	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-89206	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **89427** AMERICAN LABOR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **89518** VALUE HEALTH REINSURANCE, INC.

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **89958** SHELTERPOINT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	FL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-89958	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-89958	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **90034** FOOTHILLS LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **90212** GREAT SOUTHERN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,126.10
4/15/2014	\$2,126.10
5/15/2014	\$2,126.10
6/15/2014	\$2,126.10
7/15/2014	\$2,126.10
8/15/2014	\$2,126.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,756.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-90212	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-90212	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **90247** PHARMACISTS LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$415.45
4/15/2014	\$415.45
5/15/2014	\$415.45
6/15/2014	\$415.45
7/15/2014	\$415.45
8/15/2014	\$415.45
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,492.70

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-90247	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **90328** FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,184.23
4/15/2014	\$1,184.23
5/15/2014	\$1,184.23
6/15/2014	\$1,184.23
7/15/2014	\$1,184.23
8/15/2014	\$1,184.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,105.38

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-90328	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-90328	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **90557** ZURICH AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,158.68
4/15/2014	\$6,158.68
5/15/2014	\$6,158.68
6/15/2014	\$6,158.68
7/15/2014	\$6,158.68
8/15/2014	\$6,158.68
TOTAL INSTALLMENTS PAID IN 2014:	
	\$36,952.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-90557	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-90557	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **90581** SYMETRA NATIONAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-90581	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-90581	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **90611** ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$57,287.94
4/15/2014	\$57,287.94
5/15/2014	\$57,287.94
6/15/2014	\$57,287.94
7/15/2014	\$57,287.94
8/15/2014	\$57,287.94
TOTAL INSTALLMENTS PAID IN 2014:	
	\$343,727.64

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-90611	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-90611	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **90638** BEST LIFE AND HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,351.97
4/15/2014	\$1,351.97
5/15/2014	\$1,351.97
6/15/2014	\$1,351.97
7/15/2014	\$1,351.97
8/15/2014	\$1,351.97
TOTAL INSTALLMENTS PAID IN 2014:	
	\$8,111.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-90638	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-90638	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **90735** YADKIN VALLEY LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **91111** M&T LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **91472** GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$27,116.20
4/15/2014	\$27,116.20
5/15/2014	\$27,116.20
6/15/2014	\$27,116.20
7/15/2014	\$27,116.20
8/15/2014	\$27,116.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$162,697.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-91472	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-91472	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **91529** UNIMERICA INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,312.27
4/15/2014	\$4,312.27
5/15/2014	\$4,312.27
6/15/2014	\$4,312.27
7/15/2014	\$4,312.27
8/15/2014	\$4,312.27
TOTAL INSTALLMENTS PAID IN 2014:	
	\$25,873.62

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-91529	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-91529	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **91596** NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$77,874.43
4/15/2014	\$77,874.43
5/15/2014	\$77,874.43
6/15/2014	\$77,874.43
7/15/2014	\$77,874.43
8/15/2014	\$77,874.43
TOTAL INSTALLMENTS PAID IN 2014:	
	\$467,246.58

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-91596	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-91596	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **91626** NEW ENGLAND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$19,525.25
4/15/2014	\$19,525.25
5/15/2014	\$19,525.25
6/15/2014	\$19,525.25
7/15/2014	\$19,525.25
8/15/2014	\$19,525.25
TOTAL INSTALLMENTS PAID IN 2014:	
	\$117,151.50

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-91626	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-91626	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **91642** FORETHOUGHT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$8,928.13
4/15/2014	\$8,928.13
5/15/2014	\$8,928.13
6/15/2014	\$8,928.13
7/15/2014	\$8,928.13
8/15/2014	\$8,928.13
TOTAL INSTALLMENTS PAID IN 2014:	
	\$53,568.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-91642	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-91642	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **91693** IA AMERICAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-91693	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-91693	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **91785** AMERICAN PHOENIX LIFE AND REASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-91785	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-91785	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **91898** LIFECARE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **91910** AMERICAN SAVINGS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **92274** LANDCAR LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$460.59
4/15/2014	\$460.59
5/15/2014	\$460.59
6/15/2014	\$460.59
7/15/2014	\$460.59
8/15/2014	\$460.59
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,763.54

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-92274	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-92274	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **92444** DOCTORS' LIFE INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-92444	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-92444	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **92525** TRUASSURE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-92525	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-92525	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **92622** WESTERN-SOUTHERN LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,548.88
4/15/2014	\$3,548.88
5/15/2014	\$3,548.88
6/15/2014	\$3,548.88
7/15/2014	\$3,548.88
8/15/2014	\$3,548.88
TOTAL INSTALLMENTS PAID IN 2014:	
	\$21,293.28

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-92622	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-92622	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	92649	AMERICAN UNDERWRITERS LIFE INSURANCE COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **92657** NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$28,341.99
4/15/2014	\$28,341.99
5/15/2014	\$28,341.99
6/15/2014	\$28,341.99
7/15/2014	\$28,341.99
8/15/2014	\$28,341.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$170,051.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-92657	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-92657	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	92703	UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-92703	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-92703	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **92711** HCC LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$50,393.11
4/15/2014	\$50,393.11
5/15/2014	\$50,393.11
6/15/2014	\$50,393.11
7/15/2014	\$50,393.11
8/15/2014	\$50,393.11
TOTAL INSTALLMENTS PAID IN 2014:	
	\$302,358.66

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-92711	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-92711	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **92738** AMERICAN EQUITY INVESTMENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IA	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-92738	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **92908** HEALTHMARKETS INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-92908	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-92908	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **92916** UNITED AMERICAN INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$19,645.18
4/15/2014	\$19,645.18
5/15/2014	\$19,645.18
6/15/2014	\$19,645.18
7/15/2014	\$19,645.18
8/15/2014	\$19,645.18
TOTAL INSTALLMENTS PAID IN 2014:	
	\$117,871.08

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-92916	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-92916	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93262** PENN INSURANCE AND ANNUITY COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,050.20
4/15/2014	\$11,050.20
5/15/2014	\$11,050.20
6/15/2014	\$11,050.20
7/15/2014	\$11,050.20
8/15/2014	\$11,050.20
TOTAL INSTALLMENTS PAID IN 2014:	
	\$66,301.20

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93262	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93262	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **93432** C.M. LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$10,645.96
4/15/2014	\$10,645.96
5/15/2014	\$10,645.96
6/15/2014	\$10,645.96
7/15/2014	\$10,645.96
8/15/2014	\$10,645.96
TOTAL INSTALLMENTS PAID IN 2014:	
	\$63,875.76

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93432	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93432	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93440** HM LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$35,243.99
4/15/2014	\$35,243.99
5/15/2014	\$35,243.99
6/15/2014	\$35,243.99
7/15/2014	\$35,243.99
8/15/2014	\$35,243.99
TOTAL INSTALLMENTS PAID IN 2014:	
	\$211,463.94

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93440	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93440	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93459** PAN-AMERICAN ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	LA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,125.16
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,125.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-93459	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-93459	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93521** GENERAL FIDELITY LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93521	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93521	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93548** PHL VARIABLE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$6,056.00
4/15/2014	\$6,056.00
5/15/2014	\$6,056.00
6/15/2014	\$6,056.00
7/15/2014	\$6,056.00
8/15/2014	\$6,056.00
TOTAL INSTALLMENTS PAID IN 2014:	
	\$36,336.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-93548	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-93548	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93572** RGA REINSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MO	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93572	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93572	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **93580** M LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 2/28/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CO	Business Type	AS	REINSURER SURPLUS/ARS 20-261.01(A)3 & 6
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee		\$0.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93610** JOHN HANCOCK LIFE & HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,886.91
4/15/2014	\$2,886.91
5/15/2014	\$2,886.91
6/15/2014	\$2,886.91
7/15/2014	\$2,886.91
8/15/2014	\$2,886.91
TOTAL INSTALLMENTS PAID IN 2014:	
	\$17,321.46

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93610	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93610	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	93629	PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93629	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93629	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93661** ANNUITY INVESTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93661	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93661	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93688** QCC INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93688	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93688	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93696** FIDELITY INVESTMENTS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	UT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,390.74
TOTAL INSTALLMENTS PAID IN 2014:	
	\$4,390.74

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93696	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93696	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **93734** PHOENIX LIFE AND ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$412.86
4/15/2014	\$412.86
5/15/2014	\$412.86
6/15/2014	\$412.86
7/15/2014	\$412.86
8/15/2014	\$412.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,477.16

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93734	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93734	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **93742** SECURIAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$603.51
4/15/2014	\$603.51
5/15/2014	\$603.51
6/15/2014	\$603.51
7/15/2014	\$603.51
8/15/2014	\$603.51
TOTAL INSTALLMENTS PAID IN 2014:	
	\$3,621.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-93742	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-93742	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **93777** PAVONIA LIFE INSURANCE COMPANY OF MICHIGAN

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$4,289.26
4/15/2014	\$4,289.26
5/15/2014	\$4,289.26
6/15/2014	\$4,289.26
7/15/2014	\$4,289.26
8/15/2014	\$4,289.26
TOTAL INSTALLMENTS PAID IN 2014:	
	\$25,735.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-93777	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-93777	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **93793** MIAMI VALLEY INSURANCE COMPANY, THE

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
	TOTAL:	\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **93815** PACIFIC CENTURY LIFE INSURANCE CORPORATION

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **94072** SECURITAS FINANCIAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-94072	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-94072	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **94188** LIFEWISE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-94188	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-94188	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **94218** COUNTRY INVESTORS LIFE ASSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,236.76
4/15/2014	\$2,236.76
5/15/2014	\$2,236.76
6/15/2014	\$2,236.76
7/15/2014	\$2,236.76
8/15/2014	\$2,236.76
TOTAL INSTALLMENTS PAID IN 2014:	
	\$13,420.56

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-94218	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-94218	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **94250** BANNER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MD	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$44,212.65
4/15/2014	\$44,212.65
5/15/2014	\$44,212.65
6/15/2014	\$44,212.65
7/15/2014	\$44,212.65
8/15/2014	\$44,212.65
TOTAL INSTALLMENTS PAID IN 2014:	
	\$265,275.90

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-94250	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-94250	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **94358** USABLE LIFE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AR	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$1,329.13
4/15/2014	\$1,329.13
5/15/2014	\$1,329.13
6/15/2014	\$1,329.13
7/15/2014	\$1,329.13
8/15/2014	\$1,329.13
TOTAL INSTALLMENTS PAID IN 2014:	
	\$7,974.78

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-94358	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-94358	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **94498** STATE FARM HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	IL	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-94498	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-94498	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **94587** MEMBERS HEALTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **94633** BUCKTAIL LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **95109** AETNA HEALTH INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	PA	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$229,942.70
4/15/2014	\$229,942.70
5/15/2014	\$229,942.70
6/15/2014	\$229,942.70
7/15/2014	\$229,942.70
8/15/2014	\$229,942.70
TOTAL INSTALLMENTS PAID IN 2014:	
\$1,379,656.20	

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-95109	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-95109	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	95125	CIGNA HEALTHCARE OF ARIZONA, INC.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$219,314.81
4/15/2014	\$219,314.81
5/15/2014	\$219,314.81
6/15/2014	\$219,314.81
7/15/2014	\$219,314.81
8/15/2014	\$219,314.81
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,315,888.86

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **95206** HEALTH NET OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$275,877.01
4/15/2014	\$275,877.01
5/15/2014	\$275,877.01
6/15/2014	\$275,877.01
7/15/2014	\$275,877.01
8/15/2014	\$275,877.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$1,655,262.06

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **95224** PREMIER CHOICE DENTAL, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,149.89
4/15/2014	\$3,149.89
5/15/2014	\$3,149.89
6/15/2014	\$3,149.89
7/15/2014	\$3,149.89
8/15/2014	\$3,149.89
TOTAL INSTALLMENTS PAID IN 2014:	
	\$18,899.34

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **95330** PRESBYTERIAN HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	NM	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-95330	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-95330	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **95366** ALPHA DENTAL OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	PD	PREPAID DENTAL PLAN ORGANIZATION
		Entity Type	NP	NON-PROFIT CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 61:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,122.66
4/15/2014	\$2,122.66
5/15/2014	\$2,122.66
6/15/2014	\$2,122.66
7/15/2014	\$2,122.66
8/15/2014	\$2,122.66
TOTAL INSTALLMENTS PAID IN 2014:	
	\$12,735.96

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **95617** PACIFICARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **95885** HUMANA HEALTH PLAN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	KY	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-95885	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-95885	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$75.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **95982** MEDISUN, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$17,479.86
4/15/2014	\$17,479.86
5/15/2014	\$17,479.86
6/15/2014	\$17,479.86
7/15/2014	\$17,479.86
8/15/2014	\$17,479.86
TOTAL INSTALLMENTS PAID IN 2014:	
	\$104,879.16

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **96016** UNITEDHEALTHCARE OF ARIZONA, INC.

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	HC	HEALTH CARE SERVICES ORGANIZATION
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 63:	\$75.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$350,167.23
4/15/2014	\$350,167.23
5/15/2014	\$350,167.23
6/15/2014	\$350,167.23
7/15/2014	\$350,167.23
8/15/2014	\$350,167.23
TOTAL INSTALLMENTS PAID IN 2014:	
	\$2,101,003.38

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **97055** MEGA LIFE AND HEALTH INSURANCE COMPANY, THE

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$13,423.14
4/15/2014	\$13,423.62
5/15/2014	\$13,423.14
6/15/2014	\$13,423.14
7/15/2014	\$13,423.14
8/15/2014	\$13,423.14
TOTAL INSTALLMENTS PAID IN 2014:	
	\$80,539.32

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97055	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97055	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **97071** SCOR GLOBAL LIFE USA REINSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	AR	ACCREDITED REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 58:	\$135.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$435.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97136** METROPOLITAN TOWER LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$5,345.00
4/15/2014	\$5,345.40
5/15/2014	\$5,345.40
6/15/2014	\$5,345.40
7/15/2014	\$5,345.40
8/15/2014	\$5,345.40
TOTAL INSTALLMENTS PAID IN 2014:	
	\$32,072.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97136	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97136	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97152** PLATEAU INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97152	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97152	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97179** UNITEDHEALTHCARE LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$12,842.08
4/15/2014	\$12,842.08
5/15/2014	\$12,842.08
6/15/2014	\$12,842.08
7/15/2014	\$12,842.08
8/15/2014	\$12,842.08
TOTAL INSTALLMENTS PAID IN 2014:	
	\$77,052.48

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97179	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97179	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97241** | SETTLERS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	WI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97241	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97241	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **97268** PACIFIC LIFE & ANNUITY COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$1,500.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97292** | MAGELLAN LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	DE	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97292	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97292	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97691** LIFE OF THE SOUTH INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	GA	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97691	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97691	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97705** DIRECT GENERAL LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	SC	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97705	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97705	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97721** THRIVENT LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MN	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-97721	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-97721	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97764** IDEALIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	CT	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-97764	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-97764	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name **97772** US HEALTH AND LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	MI	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-97772	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-97772	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **98205** NATIONAL FOUNDATION LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$2,449.10
4/15/2014	\$2,449.10
5/15/2014	\$2,449.10
6/15/2014	\$2,449.10
7/15/2014	\$2,449.10
8/15/2014	\$2,449.10
TOTAL INSTALLMENTS PAID IN 2014:	
	\$14,694.60

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
HCA15-98205	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00
FRA15-98205	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **98426** SOUTHWEST EQUITY LIFE INSURANCE COMPANY

Either use the OPTins system to pay the total fees shown on this page, or submit this form with your fee payment. Include your NAIC number in the memo section of the payment. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	AZ	Business Type	LR	LIFE & DISABILITY REINSURER
		Entity Type	ST	STOCK CORPORATION

FEES

Certificate of Authority Renewal Fee	Code 57:	\$4,500.00
Annual Statement Filing Fee	Code 28:	\$300.00
TOTAL:		\$4,800.00

ANNUAL TAX AND FEES DATA SHEET
 for the calendar year ended December 31, **2014**

NAIC / Name	99724	LIFESHIELD NATIONAL INSURANCE CO.
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Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OK	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-99724	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-99724	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **99775** FUNERAL DIRECTORS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	TX	Business Type	LI	LIFE INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$3,952.47
4/15/2014	\$3,952.47
5/15/2014	\$3,952.47
6/15/2014	\$3,952.47
7/15/2014	\$3,952.47
8/15/2014	\$3,952.47
TOTAL INSTALLMENTS PAID IN 2014:	
	\$23,714.82

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-99775	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

NAIC / Name **99937** COLUMBUS LIFE INSURANCE COMPANY

Download tax forms from the NAIC OPTins web site (www.optins.org) or from our web site. Enter the following information onto your Annual Tax and Fees Report (Form E-TAX), your Tax Credits and Offsets Report (Form E-TC, if applicable) and your Retaliation Report (Form E-RT, if applicable). Only print the page shown in the upper right corner of this Data Sheet and attach a copy of the Data Sheet to the insurer's Annual Tax and Fees Report (E-TAX) filing. Also complete and submit any other required forms. DUE DATE: 3/1/2015

INFORMATION ABOUT THE INSURER

Domicile or Port of Entry State	OH	Business Type	LD	LIFE & DISABILITY INSURER
		Entity Type	ST	STOCK CORPORATION

FEES Post the following information on your tax report where indicated.

Certificate of Authority Renewal Fee: Post on Form E-TAX, line 5.	Code 58:	\$135.00
Annual Statement Filing Fee: Post on Form E-TAX, line 6.	Code 28:	\$300.00

FORM E-TAX: INSTALLMENT PAYMENTS

IMPORTANT! USE THE "TOTAL INSTALLMENTS PAID" AMOUNT FOR YOUR ENTRY ON FORM E-TAX, LINE 8. This amount EXCLUDES any late-payment penalties the insurer may have had to pay.

Installment Due Date	Installments Paid
3/15/2014	\$11,440.01
4/15/2014	\$11,440.01
5/15/2014	\$11,440.01
6/15/2014	\$11,440.01
7/15/2014	\$11,440.01
8/15/2014	\$11,440.01
TOTAL INSTALLMENTS PAID IN 2014:	
	\$68,640.06

ASSESSMENTS THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE.

Assessment #	Description	Amount Paid
FRA15-99937	Fraud Unit Assessment [ARS § 20-466(J)]	\$700.00
HCA15-99937	Health Care Appeals Fund [ARS § 20-2541(2)]	\$125.00

FEES THE INSURER PAID TO ARIZONA DURING 2014

ONLY USE THIS INFORMATION FOR COMPLETING THE INSURER'S RETALIATION REPORT. THIS IS NOT AN INVOICE

Certificate of Authority Renewal Fee	\$135.00
Annual Statement Filing Fee	\$300.00

Arizona Department of Insurance Tax Unit
2910 North 44th Street, # 210, Phoenix, AZ 85018-7269

ANNUAL TAX AND FEES DATA SHEET
for the calendar year ended December 31, **2014**

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